

**PSYCHD**

**Helpful and unhelpful aspects of counselling for young people following school-related bullying  
a qualitative interview study**

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Running head: HELPFUL AND UNHELPFUL ASPECTS IN COUNSELLING

Helpful and unhelpful aspects of counselling for young people following school-related  
bullying: A qualitative interview study

**by**

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### **Abstract**

Recent research has indicated that young people continue to access school-and-community-based counselling services for bullying in the UK. However, few studies have explored their experiences of counselling. The purpose of this study was to identify what clients found helpful and unhelpful in counselling following school-related bullying. A further aim was to understand the processes of change that this particular client group experienced. Semi-structured qualitative interviews were conducted with ten young people, and data were analysed using thematic analysis. Helpful counsellor activities were ways of relating, incorporation of creative media, teaching strategies, offering advice, and creating safety. Whereas, helpful client activities were trusting, talking, being open and honest, remembering and applying techniques, expressing emotions, and developing a bond/connection. Unhelpful counsellor activities were widely varied among participants; while unhelpful client activities were missed sessions and lack of openness and honesty. The four change processes identified were feeling safe, growing in confidence, working together, and clearing minds. Findings of this study suggest that young people found a range of different techniques and practices, from different therapeutic modalities helpful in counselling, for school-related bullying. Furthermore, similar change processes led to different positive outcomes for different clients, or in some instances, the same positive outcome was achieved through different processes. These findings are consistent with a pluralistic perspective, as a range of helpful processes, aligned to different therapeutic modalities were found to be of value to young people who have been bullied, to bring about therapeutic change.

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### **Abbreviations**

BACP	British Association for Counselling and Psychotherapy
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive-behavioural therapy
CHI	Client Helpfulness Interview studies
CQR	Consensual Qualitative Research
DfE	Department for Education
DfES	Department for Education and Skills
DH	Department for Health
GT	Grounded Theory
HAT	Helpful Aspects of Therapy form
IPA	Interpretative Phenomenological Analysis
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
RCT	Randomized control trial
SBC	School-based counselling
SBHC	School-based Humanistic Counselling
SDQ	Strength and Difficulties Questionnaire
TA	Thematic Analysis
UK	United Kingdom
US	United States
VCS	Voluntary and community sector
YP-CORE	Young People Clinical Outcomes in Routine Evaluation

**1**

**Introduction**

**1.1 Overview**

The current study uses Thematic Analysis (Braun & Clarke, 2006) to build an understanding of the factors that young people experience as helpful and unhelpful in their counselling, after they had experienced school-related bullying. A further aim is to identify the pathways or processes by which these factors are experienced as helpful. A brief overview of the definition of school-related bullying is offered, followed by prevalence rates. Mental health concerns are discussed, counselling interventions are identified, and a brief explanation of ‘helpful aspects studies’ is provided. Given this, the rationale is discussed and the aims of this study are outlined. Finally, implications for research and practice are explored.

**1.2 What is school-related bullying?**

Bullying in schools is considered to be a worldwide school problem (Craig et al., 2009; Currie et al., 2012), which may have adverse effects on the general school population. This may be because bullying is considered a form of school violence (Batsche & Knoff, 1994). School violence is defined as ‘any conditions or acts that create a climate in which individual students and teachers feel fear or intimidation in addition to being a victim of assault, theft or vandalism’ (Batsche & Knoff, 1994, p. 165). Apart from bullying being a form of school violence, it may also be a form of aggression. Olweus (1994, p. 1173) defined bullying as ‘aggressive behaviour or intentional harm-doing carried out repeatedly and over time in an interpersonal relationship, characterized by an imbalance of power’. In recent research, Scott, Shaw, and Joughin (2001) offer an alternative definition: ‘bullying is the intentional, unprovoked abuse of power by one or more children to inflict pain or cause

distress to another child on repeated occasions'. Therefore, both definitions are similar, as bullying is characterized by the presence of three elements: the intention to harm, repetition, and the imbalance of power. Although Olweus' (1994) definition is the most cited and internationally used definition for bullying (Hutchings & Clarkson, 2015), for the purposes of this study, Scott and colleagues' (2001) definition is used, as it is a simpler and more contemporary definition of bullying.

A systematic scoping review on counselling and psychotherapy with children and young people, identified six problems relating to the school context (McLaughlin, Holliday, Clarke, & Llie, 2013). These were bullying, behavioural difficulties, emotional problems, school refusal, truancy and academic failure (McLaughlin et al., 2013). In light of this, the term *school-related bullying* was coined for this study, and is used throughout to denote bullying that occurs within a school environment, rather than in the home or community. The term *young person* refers to only those persons who are in secondary education, and are between the ages of 11 and 17 years (Griffiths, 2013).

Whitney and Smith (1993) indicate that the incidence of a young person being bullied is one in five. In the United Kingdom (UK), approximately 50% of young people bully others, 69% have witnessed bullying, while 43% have been bullied. Of the latter, 30% were bullied at least several times a week and 44% were bullied at least once a week, while 9% were bullied daily (Ditch the Label, 2015). Further evidence suggest that the number of calls related to bullying increased at ChildLine, which is a free telephone helpline widely advertised in schools to provide anonymous counselling to distressed students of any age. In 2005, there were 32,886 bullying-related calls made by young people in secondary schools; however, seven years later, this number increased to 45,000 (ChildLine, 2012). Although calls had increased, this may have been due to greater accessibility to mobile phones among

young people, or increased awareness of the ChildLine service. However, this may also indicate increase bullying in secondary schools.

School-related bullying is also prevalent in primary schools. A study of 2377 children in primary schools indicate that more than 50% of children were bullied regularly (Wolke, Woods, Stanford, & Schulz, 2001). Even so, this may be an underestimation if children are unaware of the problematic nature of bullying, and consider it a 'normal' part of childhood (Orpinas & Horne, 2006). Underestimation may also be due to underreporting and unreporting (Oliver & Candappa, 2003; Rigby, 2011). However, if there is greater accessibility to counselling services for bullying disclosure, then prevalence rates may also increase.

### **1.3 Mental health impact and counselling interventions**

Different dimensions of internal distress and psychosocial problems may be associated with being bullied (Thornberg, Halldin, Bolmsjo, & Petersson, 2013). Research indicates that young persons who are bullied may experience increased anxiety and emotional distress (Tynes & Giang, 2009). They may also endure more serious mental health concerns such as depression, self-harm and suicide ideation (Roland, 2002; Ttofi, Farrington, Losel, & Loeber, 2011). Young people therefore are experiencing mental health and wellbeing concerns due to bullying, and as such, they may be accessing counselling services as a means of support (Cooper, 2013).

Counselling as an intervention for young people who have been bullied may occur within school or community contexts. Supporting this, Cooper (2013) reported that bullying is a presenting issue for approximately 10% of young people who access school-based counselling. Similarly, Youth Access (2008) indicated that 28% of young people accessed a community-based counselling service for school-related bullying. Despite the supporting evidence, there are limited studies that explore this particular client group experience of

counselling. As such, this present study attempts to understand how counselling is experienced by young people who are bullied.

In the UK, the term *school-based counselling* (SBC) refers to a range of school-based helping activities usually delivered by a variety of professionals, paraprofessionals and peers (Cooper, 2013). The British Association for Counselling and Psychotherapy (BACP) defines SBC as “a professional activity delivered by qualified practitioners in schools. Counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties within a relationship of agreed confidentiality.” School-based counselling is also found to be one of the most prominent forms of psychological therapy for young people in the UK (Cooper, 2013). As such, school-based counselling in this study refers to the BACP’s definition in the UK for counselling children and young people in schools.

Counselling services for children and young people may also be based in community settings (Spong, Waters, Dowd, & Jackson, 2013). School-and-community-based counselling services for children and young people may deliver services at Tier 2 and/or Tier 3, and may be seen as targeted or specialist services (Spong et al., 2013), for specific issues, such as bullying. The ‘tier system’ is a stepped care model for mental health recovery, and tiers two and three range from mild to moderate mental health problems. This may explain why young people access these services for bullying, compared to Child and Adolescent Mental Health services (CAMHS). In a scoping report, Street (2013) used the term *voluntary and community sector (VCS)* counselling for young people. In contrast, the Scottish Executive (2002) used the term *community-based therapeutic services* for children. In this study, the term ‘*community-based counselling*’ is defined as counselling services provided to young people with mental health and psychological wellbeing needs provided by the statutory, voluntary and/or private sector, in a context other than a school.

#### 1.4 Helpful and unhelpful aspect studies

Helpful aspect studies is a type of psychotherapy process research that aims to identify important helpful or hindering moments in the therapy process, primarily from the perspective of the client (Timulak, 2010). The client's perspective of what is helpful about counselling offers promising possibilities for understanding the counselling process (Paulson, Truscott, & Stuart, 1999). For instance, it can help counsellors to understand processes and activities that may contribute to therapeutic change (Watson, Cooper, McArthur, & McLeod, 2012). Furthermore, Elliott and James (1989) argue that it is particularly useful exploring clients' perceptions of the counselling process, because these perceptions often differ from those of the counsellor. As such, this study attempts to understand helpful aspects of counselling from young people's perceptions, as opposed to those of counsellors.

For the purposes of this study, it is important to conceptualize the term 'helpful aspects'. Clients may be asked, 'what was most helpful' in therapy. However, it is also possible to ask what was most valuable, significant, memorable, curative, or alternatively about their 'perspective' (Cooper & McLeod, 2015). Each of these concepts has slightly different meanings. For example, 'helpful' may encourage participants to talk about what happened in the moment, whereas 'curative' facilitates reflection about processes that have more long-lasting effects. However, in this study *helpful aspects* are conceptualized as experiences; so that the participant can describe activities that generally occur in therapy which are helpful, such as 'the counsellor understood me'. Regarding pathways of change, helpfulness is conceptualized as a process, to ask about the factors that facilitated whatever it was that helped, and the outcomes that ensued (Cooper & McLeod, 2015).

An important aspect of the concept of helpfulness is its opposite: experiences that are unhelpful (Cooper & McLeod, 2015). Timulak (2007) referred to these as the most problematic points in the case of non-helpful or 'hindering events'. Unhelpful aspects may



also be considered as disappointing, harmful or problematic activities in counselling. Cooper and McLeod (2015) highlighted that clients are more likely to recall specific unhelpful activities or experiences, because they stand out and may represent turning points in the therapy. An example of this could be a client deciding to leave counselling, as he/she felt judged by the counsellor. Conversely, it may be argued that there are inherent challenges in getting clients to describe unhelpful experiences. This is because most clients are appreciative of their therapists' efforts and are less likely to be critical. Moreover, dissatisfied clients are less likely to be willing to be interviewed. Despite this, it is valuable to consider unhelpful aspects as well as helpful aspects, to learn more about what makes a difference to clients.

Cooper and McLeod (2011) suggest that apart from simply identifying helpful factors or activities, it may be useful to further distinguish between *helpful counsellor activities* and *helpful client activities*. These are referred to as *domains* (Cooper & McLeod, 2011), and are the specific, micro-level actions that clients and counsellors adopt, which contribute to the process of change (Watson et al., 2012). Domains may be considered as overarching themes in thematic analysis; however, because they are pre-determined categories set in the interview schedule they are not emerging overarching themes as described in thematic analysis. The strength of making this distinction is that there is a more nuanced understanding of the multiple pathways through which therapeutic change can occur. Moreover, disentanglement of client activities from counsellor activities allows for clients' contributions to the change process to come to the forefront, whilst also highlighting the specific counsellor activities that facilitate this (Watson et al., 2012). In this way, a framework can be created to understand how young people, who are bullied, actively contribute to the change process. Hence, this study will not only identify helpful and unhelpful aspects of counselling, but these will further be classified into client and counsellor activities.

## 1.5 The rationale for this study

The research literature indicates that young people are accessing school-and-community-based counselling services for school-related bullying (Cooper, 2013; Youth Access, 2008). Despite this, there are limited studies that explore their experiences of counselling. There has been four studies that explore counselling as an intervention for young people who are bullied (Boulton, Trueman, & Rotenberg, 2007; Danby, Butler, & Emmison, 2011; Dyer & Teggart, 2007; Oliver & Candappa, 2003). These studies provide useful insights of counselling from the client's perspective, as opposed to the counsellor's perception; however, they are not school-and-community-based counselling interventions. They are from a Child and Adolescent Mental Health service (CAMHS; Dyer & Teggart, 2007), a peer-counselling service (Boulton et al., 2007), and two telephone-based helplines (Danby et al., 2011; Oliver & Candappa, 2003). Furthermore, these studies are not helpful and unhelpful aspect studies. As such, they are limited as they fail to identify what specifically works in counselling for young people who are bullied, and whether if it is the client or the counsellor contributing towards the helpfulness of such interventions.

There is, however, one study that explores school-based counselling as an intervention for young people who have been bullied (McElearney, Adamson, Shevlin, & Bunting, 2013). SBC was successful in promoting positive change in peer relationships. With each successive counselling session, there was a more significant rate of decrease on the peer problems subscale of the Strength and Difficulties Questionnaire (SDQ) for those bullied, as compared to those with other presenting issues. Findings therefore suggest that SBC is an effective intervention in supporting this client group. Although the study is useful for demonstrating the effectiveness of SBC, it provides little insight on what makes it effective and how positive change occurs for this client group. In addition, the study has used a relatively closed measure of data collection; the SDQ. Hence, this measure may not capture

a true picture of the young people's experiences, but actually reflect the factors that researchers have deemed to be significant.

The importance of eliciting the voices of young people, particularly services-users of mental health counselling services has been highlighted both in government policy (DfE & DoH, 2014) and by researchers in the field of SBC (Cooper, 2013). Therefore, this study pays attention to appropriate research measures and methods, to allow young people the freedom to identify what worked or hindered in counselling. Despite the growing number of helpful aspect studies on young people (Griffiths, 2013), such studies were with young people experiencing a range of presenting issues, and not a specific issue, such as bullying. Cooper (2013) advocates for more evidence-based data on how to work effectively with specific presenting problems that young people bring to counselling. As such, this present study adds to the existing research, as it elicits the voice of young people who have been bullied and had counselling. Cooper (2013) calls for further research on *how* counselling may be helping young people, as there has been few studies that explores change processes in counselling (Bondi, Forbat, Gallagher, Plows & Prior, 2006; McArthur, Cooper, & Berdondini, 2015). The paucity of research in this area highlights the need for further research regarding young people's experiences of counselling for school-related bullying, and as such, this study attempts to address this lacuna in the literature.

## **1.6 Research aims and questions**

The current study aims to explore the views of young people who have engaged in school-and-community-based counselling following school-related bullying. A more specific aim is to build an understanding of the factors that young people who have been bullied experience as helpful and unhelpful in counselling. A further aim is to understand the

pathways by which these factors are described as helpful. This study, does not aim to establish an exhaustive list of factors that are experienced as helpful. Rather, it aims to map out *potential* factors or pathways of change that may be helpful to particular clients at particular points of time, with the notion that there may be other factors and pathways, yet to be discovered (Cooper & McLeod, 2015). In light of this, the following objectives were designed to meet the aims of this research:

1. To identify the helpful aspects of counselling from young people following school-related bullying.
2. To identify the unhelpful aspects of counselling from young people following school-related bullying.
3. To explore how young people describe their processes of change after participating in school-and-community-based counselling.

This study is exploratory; hence there are no specific hypotheses. However, the following research questions will guide the study:

1. What do young people identify as helpful in counselling following school-related bullying?
2. What do young people identify as unhelpful in counselling following school-related bullying?
3. How do young people describe their processes of change, if any, having experienced school-and-community-based counselling for school-related bullying?

## 1.7 Potential implications for the study

This study may expand our understanding of how young people experience school- and-community-based counselling for bullying. Such a study may inform counselling practice, training and further research. Counselling Psychologists working with young people presenting with bullying, may be provided with useful insights as to what helps and hinders in counselling. For instance, participants may identify specific techniques and practices from one theoretical counselling model as helpful, which reflects a modality specific approach. Alternatively, they may find a wide range of techniques and practices across different theoretical counselling models as helpful, which reflect a pluralistic perspective (Cooper & McLeod, 2011).

Considering the latter, Counselling Psychologists may need Continued Professional Development (CPD) training to work effectively using a pluralistic model for therapeutic change. This is because, within the UK, unitary models of counselling and psychotherapy continue to predominate (Cooper & McLeod, 2007). Training programmes continue to teach theoretical models in a unified manner; however, Hollanders (2003) argues that there are inherent weaknesses in unitary models. Should findings from this study support a pluralistic perspective for therapy (Cooper & Dryden, 2016), which holds that different clients are likely to benefit from different therapeutic methods at different points of time (Cooper and McLeod, 2011), then counselling psychologists may need further training on the pluralistic perspective in practice. Apart from this, the change processes derived may also inform counsellors, young people and parents/guardians of the kinds of outcomes expected following counselling.

Cooper (2013) expressed that there are limited evidenced-based guidelines or data on how to work effectively with varying presenting issues that young people bring to counselling. This calls for further empirical data to understand *how* and *what* is helpful in

counselling when young people present with a range of presenting issues. This study adds to the current literature, as it aims to fulfil this gap in the literature. Findings may point to further directions for research on other presenting issues; for example young people who present with anger or bereavement concerns. Furthermore, findings may offer valuable insights for further research. The qualitative themes discovered in this study could be further tested, within the framework of a randomized control trial (RCT), to gather statistically informed practice-based evidence and contribute to evidenced-based practice. Hence, implications for this study not only inform clinical practice, but also training initiatives and future research on counselling and psychotherapy for young people.

## **Literature Review**

### **2.1 The purpose of the review**

The purpose of this literature review is to provide a thorough understanding of the topic, and to identify gaps in the current knowledge that require further investigation (Brettle & Grant, 2003). Key ideas relating to the topic is discussed, and although care has been taken to be impartial as possible, there is awareness that researcher subjectivity will influence the articles chosen for inclusion. The literature review will provide an in-depth theoretical context, in order to build a progressive narrative, by critiquing existing related studies, and highlighting how they fit into the current body of research.

This literature review is three-fold. It begins with the key issues surrounding school-related bullying. These issues are the types, prevalence, the characteristics of young people bullied and the consequences of being bullied. The second part begins with counselling as an intervention. It highlights the supporting evidence, varying contexts, the theoretical approaches, techniques and practices used in counselling, and the common factors that possibly contributes towards therapeutic change. Thirdly, there is a review of the literature that focuses on the client's perspective of counselling, including helpful aspect studies and change process research, to ascertain where gaps in the literature exist, and to identify the relevant place for this study.

### **2.2 Search strategy**

At various stages within the professional doctorate process, systematic searches were undertaken iteratively. There is a large body of research on the topic of school bullying over a period of time covered by this study. Thus, for the purposes of this literature review and to manage the volume of information, Olweus (1994) paper on school bullying was used as a

starting point. Systematic searches of a number of educational databases were used:

Academic Search Premier, the Education Resource Information Centre (ERIC), Education Research Complete, and Child Development and Adolescent Studies. As this study considers a timeframe from 1990 and continues past 1994 to the current day, other papers were added to the review to address additional points. These included papers collected during the taught programme and throughout the research process.

To obtain an overview and ascertain the gaps in the field of counselling for young people key databases were included: PsycINFO, PsycArticles and PsycBooks. Search criteria included combinations of key terms such as ‘school-based counselling’ or ‘school-counselling; ‘community counselling’ with ‘helpful aspects’, ‘unhelpful/hindering aspects’, ‘processes’, and ‘change outcomes’. Additional searches of the same key databases were made for research literature relating to the theoretical approaches to counselling. Search criteria included combinations of key terms such as, ‘person-centred approach, ‘cognitive-behavioural approach’, ‘psychodynamic approach’ and ‘pluralistic approach’, with ‘counselling’ and ‘psychotherapy’. Apart from the databases, reference lists of retrieved articles were scoured for further relevant articles, and articles were also identified through the online resources; Google Scholar and Research Gate. Furthermore, government and professional body websites (BPS, BACP) were also searched in order to access relevant policy documents and commissioned research.

### **2.3 Part 1: School-Related Bullying**

School bullying has been often featured in Western literature for over 150 years (e.g. Charles Dickens’s *Oliver Twist* [Dickens, 1839/1966]). In contrast, the systematic research on the anatomy of bullying in schools is a relatively recent focus, with the earliest studies emerging from Olweus in the 1970s in Norway (Olweus, 1978). With the increased number



of publications and academic research on suicide-related bullying worldwide (Winsper, Lereya, Zanarini, & Wolke, 2012), psychologists have played and continue to play an important role in addressing bullying (Hutchings & Clarkson, 2015) and supporting young people who have been bullied through counselling approaches. As such, this study attempts to understand how counsellors or psychologists may be helping or hindering young people who are bullied in their counselling.

To discuss the social construct of bullying, it is necessary to have an understanding of its definition. Existing literature on bullying widely adopts Olweus's (1994, p.1173) definition: "aggressive behaviour or intentional harm-doing carried out repeatedly and regularly overtime in an interpersonal relationship, characterized by an imbalance of power". In effect, for behaviour to be considered as bullying there must be an intention to harm, repetition, and an imbalance of power. However, seeing that Scott et al. (2001) offer a simpler, youth-friendly definition with the same three components of bullying, this study adopts their definition: 'bullying is the intentional, unprovoked abuse of power by one or more children to inflict pain or cause distress to another child on repeated occasions'.

Despite having a standard bullying definition, the assessment of bullying does not always emphasize these three components (Hamburger, Basile, & Vivolo, 2011), creating a blurred distinction between bullying and other forms of aggression (see Rodkin, Espelage, & Hanish, 2015). Young people's descriptions of bullying rarely include these definitional criteria (Vaillancourt et al., 2008). For instance, when young people were asked about their perception of what bullying is, they restricted their definitions to direct bullying behaviours, such as punching and teasing, with no mention of power imbalance, intention, or repetition (Naylor, Cowie, Cossin, de Bettencourt, & Lemme, 2006). These results suggest that young people's ideas about bullying may be different from research definitions. For this reason, the British Psychological Society (BPS, 2006, p.8) concludes that "there is no universal or agreed

definition of bullying or methods to assess it". Admittedly, there will be varying definitions of bullying, however, what is important are how counsellors working with young people who are bullied define it. Their understanding of bullying may inevitably be subjective based on anti-bullying trainings (Jacobsen & Bauman, 2007; Lund, Blake, Ewing & Banks, 2012), which may influence their techniques and practices in counselling to help these young people.

### ***2.3.1 Types of school-related bullying.***

Researchers have identified four main types of bullying: physical, verbal, relational, and cyber (Wang, Iannotti, & Lansel, 2009). These have been further classified into two categories; direct and indirect (Craig et al., 2009). Direct bullying includes physical aggression (hitting, kicking) and verbal aggression (insults, racial or sexual harassment threats). Whereas, indirect bullying is the manipulation of social relationships to hurt or exclude the individual being victimized, which may include relational and cyberbullying.

Physical bullying is defined as intending to or actually causing harm to another by physical means (Russell, Kraus, & Ceccherini, 2010). It is physical contact to intentionally cause discomfort to another individual (Veenstra et al., 2005), and is typically seen as direct bullying. It includes hitting, pushing, kicking, throwing objects or threatening harm to another person (Pelligrini & Long, 2002). Evidence suggests that boys engage in physical aggression at an early age and are the primary perpetrators of physical bullying throughout childhood and adolescence (see Russell et al., 2010). Alternative research indicates that physical aggression peaks during middle school and declines with age (see Russell et al., 2010). This differs from other forms of aggression as there may be an increase between ages 11 and 15, when young people experience puberty and school transition, from primary to secondary schools (Pelligrini & Long, 2002).

When a person uses language to gain power and control this refers to verbal bullying (Guillory, 2013). Verbal bullying includes attacks that are not physical in nature but rather the use of inappropriate language such as name calling, threatening, and spreading malicious rumours (Guerra, Williams, & Sadek, 2011). Guillory (2013) expresses that the effects of physical bullying may be more obvious at first, but verbal bullying is more insidious over periods of time and has been linked to long-term psychological effects. Furthermore, it is considered a form of direct bullying (Craig, et al., 2009), typically more prevalent among girls than boys (Nishina, Juvonen, & Witkow, 2005).

Relational bullying involves the manipulation of social relationships or exclusion of individuals. Olweus (1993) defined it as a form of social isolation that includes behaviours such as gossiping, intentionally leaving students out of activities, spreading rumours and other measures that seek to change peer groups. Similarly, Crick and Grotpeter (1995) defined it as the hurtful manipulation of peer relationships/friendships that inflict harm on others through behaviours such as social exclusion and malicious rumour spreading. Evidence suggests that girls are more relationally aggressive than boys, whereas boys are more directly aggressive (Crick & Grotpeter, 1995). Furthermore, girls were more likely to experience relational bullying as they became older (Crick & Grotpeter, 1995).

Physical, verbal and relational bullying are usually considered to be traditional forms of bullying (Hymel & Swearer, 2015). However, with the rapid growth of information and communication technology (ICT) among young people, cyberspace has been implicated as a new risky environment for bullying (see Juvonen & Gross, 2008). Forms of digital communication used as bullying tools include: emails, text messaging, instant messaging sites, social networking sites, web sites, blogs, pictures, or video clips via mobile phones (Bhat, 2008). Cyberbullying is defined as “the use of ICT to support deliberate, repeated, and hostile behaviour by an individual or group that is intended to harm others (Bhat, 2008,

p.54)”. The intent of cyberbullying is to threaten, harm, humiliate, and engender fear and helplessness in a person (Strom & Strom, 2005). Seeing that cyberbullying has the same three components as traditional bullying, young people who have been traditionally bullied and cyberbullied are both included in this study.

Having knowledge of the types of bullying may influence how counsellors choose to work with this clientele, influencing their techniques, practices and theoretical orientations. Jacobsen and Bauman (2007) found significant differences in the way that counsellors in schools responded to physical, verbal and relational bullying. School-counsellors rated relational bullying as least serious of the three types, and therefore had least empathy for victims of relational bullying. Furthermore, school-counsellors were more likely to intervene in verbal bullying than in relational bullying, and suggested stronger interventions for verbal bullying than for physical and relational bullying. Jacobson and Bauman (2007) also found that school-counsellors with anti-bullying training, rated relational bullying as more serious, and were more likely to intervene in relational bullying incidents than those without training. This evidence suggests that anti-bullying training helps counsellors to become more aware of the impacts that different types of bullying may have. Thus, this knowledge has influenced the techniques and practices that counsellors use to help young people who are bullied.

### ***2.3.2 The prevalence of school-related bullying.***

Prevalence rates of victimization may be influenced by several factors, but for the purpose of this study, age and type of bullying is considered. Wolke and Skew (2012) suggested that all types of victimization reduce with age, with older young people less likely to become victims of either physical or relational victimization. Data from a Longitudinal Study of Young People in England (LSYPE) found that the reporting of bullying is much more prevalent among younger age groups (Green, Collingwood, & Ross, 2010). At age 14,

almost half of young people report being bullied (47%), but this proportion decreased at age 15 to 41%, and further decreased to 29% at age 16 (Green et al., 2010). Furthermore, the prevalence of reporting being a victim by the different types of bullying also decrease with age, although some types decrease more than others. For instance, at age 14 verbal bullying was most common at 30%, however this reduced to 15% at age 16. As such, the studies suggest that reporting victimization is much more prevalent among students who are younger in age. This may explain, how Fox and Butler (2009) found that young people aged 11-13 reported more school problems, such as bullying, compared to 14-17 year olds.

Types of bullying also influence the prevalence rates of bullying incidents. A study of 2,163 young people aged 10-15 years reported a 1.2% for physical victims, 7.1% for relational victims and 3.8% for both physical and relational victims (Wolke & Skew, 2012). This suggests a greater prevalence rate for relational bullying, yet this may be an underestimate if young people are unaware that they are experiencing relational bullying, as it is an indirect form. In recent research, again, there is a high prevalence rate found for relational bullying in the 2015 Ditch the Label self-report survey. This survey reported a 43% for verbal bullying, 74% for physical bullying, 62% experienced cyberbullying, and 82% experienced relational bullying through social exclusion (Ditch the Label, 2015).

Despite these findings, prevalence rates of bullying vary according to the methods used to assess it (DfES, 2007). Bullying is most often measured by collecting data through self-reports (DfES, 2007). The above are self-report studies, which mean that they rely on each participant completing a battery of questions that relate to their own experiences of bullying (see Brank, Hoetger, & Hazen, 2012). This makes the results inevitably subjective, solely on the perceptions of those bullied. Alternatively, Brank and colleagues (2012) suggest a combination of data collection techniques to measure prevalence rates, such as peer or teacher nominations. Peer nominations involve students designating those whom they see

as bullies and victims in the class, whereas teacher nominations involve teachers nominating whom they perceive as bullies and victims (see Brank et al., 2012). A combination of self-reports, peer and teacher nominations reduce the problem of subjectivity because different perspectives can be combined to formulate a more complete picture (Brank et al., 2012). Although the prevalence rates of peer victimization at any age vary widely depending on the methods used for assessment, a general consensus is that approximately 10-15% of youth are peer victimized (Juvonen & Graham, 2001).

### ***2.3.3 Characteristics of young people bullied.***

Dowling and Carey (2013) highlight that in order to understand how young people who are bullied seek help, it is necessary to understand their characteristics, as well as the consequences they experience. Olweus (1993) categorized ‘victims of bullying’ into two groups: passive and provocative. Passive victims are characterized as anxious, insecure, cautious, sensitive and defenceless. They are also lonely and abandoned without friends in school, and have negative views of themselves and feel unattractive (Cassidy & Taylor, 2005). Passive male victims are described as being physically smaller and weaker, which limits their ability to protect themselves from aggression (Smokowski & Kopasz, 2005). In contrast, provocative victims display both anxious and aggressive reaction patterns (Olweus, 1993). Provocative victims have been described as quick-tempered, hyperactive, anxious and defensive (Smokowski & Kopasz, 2005). They tend to have difficulty concentrating in class, and this difficulty may lead them to behave in irritating or annoying ways, which in turn may provoke other students to act aggressively towards them (Olweus, 1993).

Lazarus (1993) advocates for more tailored approaches to counselling depending on the characteristics of the client, and how he/she responds to the counsellor. For example, some clients may seek more structure and direction in counselling, but this depends on the

characteristics of the young person. Batsche and Knoff (1994) argue that counsellors ought to understand the characteristics of victims, in order to implement appropriate techniques and practices to help them. For example, they recommend assertiveness techniques in counselling for passive victims, and suggest strategies for interpreting hostile bias and assertive/less aggressive solutions to threat for provocative victims. In effect, researchers in the field of bullying (Batsche and Knoff, 1994) and psychotherapy (Lazarus, 1993) seem to suggest that counsellors' techniques and practices may be influenced by the characteristics of the victim, that is, passive or provocative.

#### ***2.3.4 Consequences of being bullied.***

School-related bullying seems to be associated with a number of behavioural and psychosocial consequences. The number of young people with a diagnosable mental health disorder is estimated to be around one in ten, aged 5-16 years (Green, 2005). Importantly, Swearer and Hymel (2015) suggest that prolonged peer victimization may be associated with mental health outcomes. However, they explain that the causal nature of the relationship between bullying and mental health is unclear due to their bi-directional nature. This means that mental health issues may either be a contributing factor or a consequence of bullying. Therefore, school-related bullying may either lead to the development or the worsening of a wide spectrum of mental health issues.

##### ***2.3.4.1 Behavioural problems.***

A number of studies have found correlates between being bullied and behavioural issues relating to school. Bullying victimization has been linked to poor school adjustment, including being unhappy, feeling unsafe at school, being truant, and dropping out of school (Card, Isaacs, & Hodges, 2007; Graham, Bellmore, & Juvonen, 2007). In addition, there

have been correlates with school absenteeism and decline in academic performances (Cassidy & Taylor, 2005; Smokowski & Kopasz, 2005). Slee (1994) found that 29% of young people thought about staying away from school to avoid bullying, whereas 10% had actually done so, and Hazler, Hoover and Oliver (1992) found that 90% of young people experienced a decline in academic performance. Olweus (1993) explains that young people subjected to bullying lose interest in learning, and experience a decline in academic grades because their attention is distracted from learning. Thus, bullying victimization has been associated with impaired concentration (Due et al., 2005). Olweus (1993) explains that this difficulty may lead victims of bullying to behave in irritating or annoying ways, which in turn may provoke other students to act aggressively towards victims, perpetuating school-related bullying.

In Ogden's (2006) study, 94% of participants felt that their problems impeded academic achievement. Ogden (2006) found that SBC helped young people to concentrate better in class and on their studies. Likewise, Rupani, Haughey and Cooper (2012) found that SBC was perceived by clients as positively impacting upon their academic achievement by improving concentration, motivation to study, and attending school. Undoubtedly, previous studies support that SBC can help young people to study and learn (Ogden, 2006; Rupani et al., 2012). Nevertheless, such studies fail to consider how this positive outcome is achieved. What processes in counselling do young people experience in counselling to bring about academic achievement? In effect, should this current study also find this particular positive outcome, the study will further explain how it was achieved.

#### *2.3.4.2 Psychosocial problems and mental health concerns.*

Moreover, studies have found that being bullied may lead to emotional and psychosocial difficulties. Being bullied may evoke a number of emotional states such as anger, frustration, sadness, and guilt (see Dyer & Teggart, 2007). Likewise, there may be



short-term negative impacts such as irritability, ongoing sense of panic and repeated memories of victimization (Due et al., 2005). Studies also suggest that bullying victimization has a significant positive correlation with internalizing problems (Swearer and Hymel, 2015).

Kearney (2001) explains that negative peer interactions confirm that the world is a threatening place, leading to more worry about peer interactions, which in turn is linked to internalizing difficulties. Thus, bullying affects young people's cognitive perceptions, which may result in loneliness (Hawker & Boulton, 2000); withdrawal (Smokowski & Kopasz, 2005); isolation, fear of going to school, shame, helplessness (Boulton & Underwood, 1992); and lowered-self-concept (Olweus, 1993). Apart from this, young people who are bullied are found to be less well liked, less accepted and more rejected by peers (see Swearer and Hymel, 2015). Such young persons may bring home their school frustrations and lash out at their parents, and family relationships are likely to deteriorate (Ma, Stewin, & Mah, 2001).

Furthermore, young people experiencing prolonged bullying victimization are at greater risk for developing mental health difficulties such as anxiety, depression, self-harm, suicide ideation and suicidality (Swearer and Hymel, 2015). Beck, Emery, and Greenberg (1985) explicate that negative life events, such as bullying, is related to the onset and maintenance of anxiety disorders, with anxious persons seeing the world as a threatening place, and interpreting events through a lens of worry and fear. This suggests that bullying has an impact on perception, leading to cognitive distortions. Similarly, negative life events (e.g. bullying) are related to the onset and maintenance of depressive symptoms (Hammen & Rudolph, 2003), that in a cyclical manner leads to additional negative life events and later depressive symptoms (see Swearer and Hymel, 2015). For example, West, Sweeting and Young (2010) found that being a victim of bullying at age 11 was related to depressive symptoms at ages 13 and 15. Furthermore, although occurring less rarely in childhood, there is an increased rise in suicide attempts and self-injurious behaviours during adolescence due

to bullying (see Troop-Gordon, 2017). Troop-Gordon (2017) annotates that it is usually the convergence of environmental stress and intrapersonal vulnerabilities that lead to self-harm. For her, peer victimization in adolescence is one such intrapersonal vulnerability that has been linked to suicide ideation, as well as non-suicidal self-injury (Fisher et al., 2012), with suicide ideation and attempts increasing dramatically with heightened bullying victimization (Van Geel et al., 2014). Admittedly, peer victimization has been linked to several consequences of bullying that impact young people at the behavioural, psychological and interpersonal levels (Troop-Gordon, 2017). Lynass, Pykhtina and Cooper (2012) found that SBC was positively viewed, and not only led to changes at the behavioural level, but also at the emotional and interpersonal levels. Therefore, seeing that young people who are bullied experience emotional distress and psychosocial issues, counselling may be a helpful intervention that leads to similar results. However, to date there are no studies that explore how counselling as an intervention lead to changes, if any, for young people who are bullied. As such, this study attempts to fill this gap in the literature.

## **2.4 Part II: Counselling as an intervention**

In earlier studies, individual counselling has been proposed as an intervention for both bullies and victims (Batsche & Knoff, 1994; Olweus, 1993). The British Association of Counselling and Psychotherapy (BACP; 2001) recognizes that major issues such as bullying may lead to deterioration in the young person's behaviour, attitudes and mental health. As such, the BACP (2001) recommends counselling as an effective source of support, as it enables the young person to function effectively and engage in school.

Likewise, the Department for Education in England (DfE; 2014) highlights that there are individual differences among victims of bullying who may need varying means of support. Hence, they recommend that the pastoral staff at schools ought to refer these young

people to SBC services. This may explain how school counsellors reported that approximately 10% of young people access SBC for bullying-related issues (Cooper, 2013). As such, researchers in the field of school-related bullying (Batsche & Knoff, 1994; Olweus, 1993), professional bodies (BACP, 2001) and government policy (DfE, 2014) seem to suggest that individual counselling may be a suitable form of support for young people who are bullied. Even so, there are limited studies that identify what makes counselling helpful and how counselling may facilitate change, if any, specifically for young people subjected to bullying. Hence, this present study attempts to address this issue. Studies also seem to suggest that young people are accessing diverse counselling contexts for school-related bullying. For instance, they may access community-based counselling services. The Dialogue Counselling Service at the Youth Advice Centre (YAC) reported that during 2010-2012 bullying was a consistent presenting issue (Street, 2013). Furthermore, Youth Access (2008) found that counselling managers reported that 28% of young people requested counselling for bullying. The Making Tracks Project found that 2% of 28 young people accessed their counselling services for school-related bullying. Although this percentage may appear to be small, it suggests that young people are still accessing community-based services for bullying. However, according to Street (2013) there are few to no studies on community-based counselling services for young people. There is limited empirical evidence to support the helpfulness or effectiveness of such an intervention. As such, this present study will recruit young people who accessed community-based counselling for bullying.

As confirmed by service audit data (Contact Youth Counselling Services, 2006; Fox & Butler, 2003) young people are also accessing SBC services for school-related bullying. A recent study confirms that 68% of secondary schools used school counselling services for traditional and cyberbullying (Paul, Smith, & Blumberg, 2012). School counsellors report that approximately 10% of young people access SBC services for bullying (Cooper, 2013).

However, this 10% may include either bullies or victims, as the data does not specify which group, therefore the percentage of victims may be smaller. Despite this, the evidence suggests that this particular client group accesses SBC, and perceives it as an important source of support (Oliver and Candappa, 2003). However, Oliver and Candappa's study fails to explain what made it important and how change occurred for young people who were bullied. Hence, this present study explores these issues by also recruiting participants who had SBC, following school-related bullying.

#### **2.4.1 *Counselling contexts.***

Counselling services for children and young people may occur in varying contexts, such as schools or communities (Spong et al., 2013). Although some studies argue that the key strength of SBC is the accessibility of the service (Cooper 2004; 2006), the evidence suggests that young people are accessing both school-and-community counselling services for school-related bullying (Fox & Butler, 2003; Cooper, 2013; Street, 2013; Youth Access, 2008). Thus, this study considers both counselling contexts, as an intervention for bullying.

The BACP (2010) describes counselling as a talking therapy in which a person is encouraged to discuss their feelings, emotions and behaviours, within the context of a trusting therapeutic relationship. A key element of this relationship is confidentiality; therefore young people can access counselling without the knowledge of others. In the UK, these counselling services adhere to this concept of counselling; hence, although the contexts are different (school vs. community), the mode of delivery is similar. Another important feature of both counselling contexts is that they offer one-to-one individual counselling, rather than group counselling (Cooper, 2013; Street, 2013).

In the UK, at least 80% of school-based counsellors identify with a person-centred or humanistic orientation to counselling (Cooper, 2009; Hill et al., 2011). Likewise, Street

(2013) found that 91% of counsellors in community-based counselling services favoured the person-centred approach. Even so, counsellors in both contexts also offer other types of therapeutic modalities such as cognitive-behavioural therapy, psychodynamic psychotherapy, and integrative and/or creative therapies. As such, this study draws upon the theoretical approaches that counsellors in these services predominantly use.

#### ***2.4.2 Theoretical approaches, techniques and practices to counselling.***

This present study aims to understand the processes that contribute to change in counselling for young people who are bullied. Hayes and Brunst (2017) argue the techniques and practices in child and adolescent therapy may contribute to change processes. These techniques and practices that counsellors use are dependent on the training of the counsellor and the theoretical approaches that guide their practice. Therefore, theoretical approaches and their techniques and practices are discussed. Techniques are defined as ‘systematic ways of structuring therapy, introducing particular activities or conversational moves, that are underpinned by theory and training’ (Hayes & Brunst, 2017, p. 148). Whereas, the term ‘practices’ refers to those ‘systematic ways of responding to young people that might reflect the psychological climate a therapist aims to create’ (Hayes & Brunst, 2017, p. 149).

##### ***2.4.2.1 Person-centred approach.***

This approach hypothesises that if the therapist can provide Roger’s (1957) six necessary and sufficient psychological attitudes, then all individuals possess a propensity for psychological growth and change, and the internal resources to make these changes (Rogers, 1979). The aim of this approach is to facilitate an interpersonal environment which allows the client to identify their own personal resources for change. Rogers (1957) theorized that psychological distress or incongruences occurs due to the discrepancy between a person’s

organismic experience and self-concept. This is based on the extent a person relies on external evaluations, rather than their own values. Hence, self-worth is conditional on behaving in ways which lead others to view them positively.

It is hypothesized that young people who experience school-related bullying experience incongruences, as they are subjected to external evaluations by their peers. This is because young people are bullied due to their physical appearance (Boulton & Underwood, 1992) or that they are perceived as odd or different (Thornberg, 2015; Thornberg & Knutsen, 2011). Their self-worth is conditional on their peers' evaluations and judgements. The person-centred approach may facilitate change, if they experience a relationship in which they can express their 'true' selves, and have this met with acceptance and positive regard. There are no specific techniques or strategies required for positive change to occur; however, the practice is to create a psychological climate through a relationship characterized by congruence, unconditional positive regard and empathy (Rogers, 1957).

If the counsellor is genuine and authentic in their interactions with a client, then this is congruence. McLeod (2009) hypothesizes that acting in a congruent manner not only facilitates the development of trust within the relationship, but also communicates to the client that it is acceptable to be oneself. Unconditional positive regard describes a warm and accepting approach, in which the client's behaviours and feelings are accepted by the counsellor in a non-judgemental manner. Mearns, Thorne and McLeod (2013) theorise that being in a non-judgemental relationship allows the client to feel safe enough to be honest and explore previously concealed or denied parts of the self. Lastly, empathy is the ability to accurately understand what a client feels (Rogers, 1957). Mearns and colleagues (2013) emphasize that it is important that this understanding is reflected back to the client, so that he/she feels truly listened to and understood. Vanaerschot (1993) explains that through

experiencing empathic understanding the client feels valued and begins to view themselves more positively.

Within the person-centred literature, many research studies have been carried out exploring the impact of the relationship between counsellor and client on positive outcomes. A meta-analysis of over 40 studies exploring the relationship between young people and their counsellor, reported that counsellor interpersonal skills such as warmth, empathy and genuineness were a significant predictor of positive outcomes (Karver, Handelsman, Fields & Bickman, 2006). However, these studies are limited as the measures used were questionnaires. Thus, young people were reporting on pre-defined characteristics of the relationship. As such, this present study will use interviews to encourage participants to share their experiences in their own words.

#### *2.4.2.2 Cognitive-behavioural approach.*

Beck (1979) theorizes that psychological distress stems from negative evaluations of events, as opposed to the events themselves, which lead to negative emotional states such as anxiety or low mood. Cognitive-behavioural therapy (CBT) is based on the premise that the way in which an individual perceives or interprets the world has an impact on emotions and behaviours (Grazebrook & Garland, 2005). The literature on bullying highlights that when young people are bullied they perceive the world as frightening and threatening, which may lead to the onset and maintenance of anxiety and depressive symptoms (Beck et al., 1985; Hammen & Rudolph, 2003).

Positive outcomes are attributed to clients acquiring skills that help them to identify negative thoughts or attributions, and develop alternative ways of thinking, which may reduce the experience of negative or distressing emotions and behaviours (Westbrook, Kennerley, & Kirk, 2007). CBT draws on a range of specific techniques and strategies, which can be put

into practice to make positive changes. Hayes and Brunst (2017) highlight some of these which include cognitive restructuring, assertiveness training, problem-solving, graded exposure, behavioural activation and psychoeducation.

In meta-analysis studies, significant decrease in levels of psychological distress were found, following CBT for young people experiencing anxiety (James, Soler, & Weatherall, 2005) and depression (Klein, Jacobs, & Reinecke, 2007). Therefore, CBT may also help young people who are bullied, as they also may experience anxiety and depression. However, those studies focused on pre-and-post-therapy symptoms, rather than the subjective reports of what the young people found helpful. This means that there is difficulty disentangling whether it is techniques specific to CBT or other factors, such as the counsellor's interpersonal skills, that contributed to positive outcomes.

#### *2.4.2.3 Psychodynamic approach.*

The psychodynamic approach is based on the premise that the unconscious mind influences thoughts and behaviours (McLeod, 2009). For Freud (1922), the unconscious mind retains difficult memories and feelings which are too painful for the conscious mind to process, and these difficulties often stem from childhood experiences, which influence current behaviour. This approach hypothesizes that positive outcomes occur when the unconscious mind is brought into the client's consciousness to resolve these past difficulties (British Psychoanalytic Council, 2014). To develop the client's insight and understanding, specific techniques are used, such as interpretations, mirroring and countertransference. This approach with young people may encourage creative expression through art, drawing or journal writing to help clients externalize their difficulties (Hayes & Brunst, 2017).

In contrast to person-centred and CBT research with young people, psychodynamic psychotherapy is more limited. Even so, Midgley and Kennedy (2011) in their meta-analysis



reported that psychodynamic psychotherapy was associated with positive treatment outcomes, such as reduction in behavioural or emotional difficulties. However, the meta-analysis failed to include a control group for comparisons. This limits the extent to which positive change can be attributed to psychodynamic counselling alone. Furthermore, the research did not directly elicit the views of young people, and subsequently there is no clarity as to which aspects of counselling they felt contributed to positive change. In recent RCT study, Goodyer, Reynolds, Barrett, Byford, Dubicka et al (2017) found that although CBT, a brief psychosocial intervention and short-term psychoanalytic psychotherapy differed in theoretical and clinical approach, they were associated with similar degrees in clinical improvements for young people with depression. As such, psychodynamic approaches may also be helpful for young people who were bullied. However, Goodyer et al.'s (2017) study did not control for the prescribing and monitoring of medication over the course of the study.

#### *2.4.2.4 Pluralistic approach.*

Although counsellors report that they maintain a person-centred core to their work, they also report that they use varying techniques and practices from a range of other theoretical approaches as appropriate (Cooper, 2009; Hill, et al., 2011; Street, 2013; Westergaard, 2013). This may suggest a pluralistic approach to counselling (Cooper & McLeod, 2007). Unlike the singular models of therapy highlighted above, a pluralistic framework is open to an infinitely wide range of ways of engaging with clients, and holds that therapy should be practiced in a way that is open to multiple pathways of change (Cooper & McLeod, 2007). A pluralistic approach starts from the assumption that 'different clients can find different factors helpful in therapy, and that therapists should be open to the helpfulness or unhelpfulness of a wide range of therapeutic methods, thus they should work

collaboratively with clients, to help them identify what they want from therapy and how they might achieve this' (Cooper & McLeod, 2011, p. 7-8).

Positive outcomes in the pluralistic approach to counselling are referred to as goals. In order for clients to reach their goals in counselling, Cooper and McLeod (2011) suggest that it may be useful to think about the different ways in which this can be attained. They refer to such possibilities as 'tasks', which are 'macro-level strategies by which clients can achieve their goals' (Cooper & McLeod, 2011, p. 12). Although there has been supporting evidence for pluralistic therapy, this was with adults who were experiencing depression (Antoniou, Cooper, Tempier, & Holliday, 2017; Cooper, et al., 2015). Thus, there is limited empirical evidence for pluralistic approaches in counselling with children and young people.

#### **2.4.3 *Common factors that lead to change.***

This section highlights the different factors that are likely to contribute towards therapeutic change in children and young people. These are the therapy relationship and therapeutic alliance, therapist factors and child/young person factors. The term *common factors* is 'a phrase used in psychotherapy research that refers to those active ingredients that are not associated with just one, or a collection of schools of therapy' (Hayes, 2017, p.120).

##### **2.4.3.1 *The therapy relationship and therapeutic alliance.***

Different theoretical approaches highlight different ways in which the therapy relationship possibly contributes to therapeutic change (Hayes, 2017). In the person-centred approach, it is considered the vehicle for change, providing the conditions for growth are present. Whereas, in CBT, it is the means through which the work of therapy can be made. That is, the way in which cooperation between therapist and client occurs for tasks and

techniques to be incorporated. Karver et al. (2006) divided the therapy relationship into various parts, and one of them is the therapeutic alliance.

Bordin (1979) conceptualized the therapeutic alliance as having three components, which are an emotional bond, task collaboration, and agreement on goals. Several meta-analyses indicate that there are correlations between the therapeutic alliance with young people and therapy outcomes (Karver, et al., 2006; Shirk & Karver, 2011). They conclude that the alliance may explain about 4 per cent of the overall variance in therapeutic outcomes (Shirk & Karver, 2011). Given that the therapeutic alliance is a contributing factor in young people's change outcomes, it may be that young people who are bullied may also identify the therapeutic alliance as a factor that contributes to change.

#### *2.4.3.2 Therapist factors.*

In the child therapy research, therapist interpersonal skills and therapist direct influencing skills have been strongly linked to therapeutic outcomes (Karver et al., 2006). Interpersonal skills encompass empathy, warmth and genuineness, which overlap with the 'core conditions' of person-centred therapy (Hayes, 2017). In contrast, direct influencing skills include active structuring of sessions, rationale for therapy, and giving guidance and instructions (Karver et al., 2006). Despite this, Hayes (2017) suggests that further research is needed to understand how these come together in the therapy relationship. One example is how counsellors will know when to intervene and when to give a young person space to talk.

#### *2.4.3.3 Client factors.*

Hayes (2017) identifies a number of client factors that have been linked to therapeutic outcomes. However, for the purpose of this study the child's involvement is discussed. Hayes (2017) expresses that the degree to which young people are involved in their therapy

seems to be associated with how much they benefit from therapy. A meta-analysis has found that a young person's willingness to participate, and actual involvement in therapy, was associated with a medium effect on therapy outcomes (Karver et al., 2006). Likewise, Watsford and Rickwood (2014) found that young people who had a preference for commitment to therapy, experienced more change. In like manner, this present study may not only support that client involvement leads to change, but it may also indicate what client involvement entails, providing further insight to the existing literature.

Although the above indicates that common factor research with young people is still in its infancy, the findings offer useful information to inform clinical practice. Hayes (2017) summarizes that the therapy relationship needs to be mutually established, and formed by a degree of willingness and respect from both therapist and child. In addition, a therapist's capacity to offer warmth, genuineness, guidance and instruction is linked to outcomes, while young people who are more involved in therapy are more likely to benefit from it.

#### ***2.4.4 The effectiveness of counselling for young people.***

Within the counselling research for young people, there has been a growing plethora of supporting evidence for the effectiveness of school-based humanistic counselling (SBHC). Such outcome studies have found significant levels of reduced psychological distress among young people (Cooper, 2009; Hill, et al., 2011). Despite this, these studies are limited due to the absence of control groups. Consequently, they are unable to offer conclusive support for the efficacy of SBC, as external factors such as maturation effects (Daniunaite, Ahmad, & Cooper, 2012), or changes in circumstance may also contribute to change.

In response to this limitation, there have been three small-scale randomized controlled trial studies (RCTs) with young people receiving SBC compared to waiting list control groups (Cooper et al., 2010; McArthur, Cooper, & Berdondini, 2012; Murdoch et al., 2012).

Results indicated that after the 12-week endpoint there were larger reductions in psychological distress among young people receiving SBC in comparison to those on waiting lists. The studies, however, were limited as there was no follow-up on effects, after the 12-week endpoint. Even so, Fox and Butler (2009) found that reduction in psychological distress was sustained, three months after counselling.

From the above, SBC is an effective intervention for young people in reducing psychological distress. However, these interventions were primarily humanistic/person-centred, instead of varying therapeutic modalities. Thus, these studies are limited as they seem to suggest that solely humanistic counselling helps to reduce psychological distress, without considering how alternative theoretical approaches reduce distress for young people. Furthermore, these outcome studies have used pre-and-post counselling outcome measures such as the Young Persons Clinical Outcomes in Routine Evaluation (YP-CORE) and the Strength and Difficulties Questionnaire (SDQ). Such measures are useful for quantifying, measuring change, and facilitating comparisons. However, they are objective and adopt a positivist approach to evaluation. Daniel and McLeod (2006) query whether such methods are truly able to reflect the multidimensional processes that occur in therapy with service-users. Whereas, qualitative methods allows for richer and more subjective information of young peoples' experiences of SBC, to gain insight on how and why they may lead to reduced psychological distress.

### ***2.4.5 Existing research on counselling following school-related bullying.***

The evidence suggests that young people are accessing school-and-community-based counselling as a means of support for school-related bullying (Cooper, 2013; Youth Access, 2008). Yet, there are limited studies that show how counselling is helping this particular

client group. Before attempting to address this lacuna in the research literature, four studies that used counselling as an intervention for bullying are discussed.

In a study of 50 participants aged 11-15 years, Boulton et al. (2007) investigated service-users' perceptions of a pupil peer counselling service for bullying. Findings suggest that when peer counsellors are perceived by their clients as communicating Roger's core conditions (see Mearns & Thorne, 1999) – empathy, congruence and unconditional positive regards - then clients report better outcomes. Similarly, counselling sessions were identified as being more effective when clients themselves were able to be honest about their experiences of being bullied, and when they were helped to maintain positive self-regard (Boulton et al., 2007). Further, results found that counsellor directedness was least helpful, as service-users perceived their counsellor's as 'taking over' their sessions.

Boulton et al.'s (2007) study points towards useful insights as it was found that only after counsellors were able to communicate the core conditions, that clients felt able to open up and maintain positive self-regard in the face of their traumatic bullying experiences. Therefore, it could be hypothesized that the counsellor's core conditions led to client openness and positive self-regard. Such findings attest to the value of person-centred therapy for school-related bullying. Even so, it could be argued that participants were inclined to report helpful aspects associated with the humanistic approach, as peer counsellors were only trained in person-centred therapy. More specifically, participants were asked to rate the most helpful and least helpful session, using a five-point scale on a number of counselling process items. Thus, participants were reporting on pre-defined characteristics of the pupil-peer counselling relationship.

Contrasting evidence has been found in Dyer and Teggart's (2007) study, that explored 26 service-users bullying experiences of a CAMH service. Service-users reported

that assertiveness training was most helpful, followed by therapy and/or psychological coping skills, and social skills training. Assertiveness and social skills training are techniques in CBT, therefore, it could be suggested that CBT may be helpful in counselling following school-related bullying. Even so, these findings are solely from one CAMH service, with CBT as the primary therapeutic modality. Thus, when participants were asked to rank eight pre-defined bullying interventions on a 41-item questionnaire, these interventions were only aligned to CBT, which limits the findings. In addition, despite the wealth of quantitative information, the simple survey design and low participant numbers precludes drawing clear conclusions about such findings.

An investigation of a telephone counselling service in Australia found that the techniques that telephone counsellors used were valuable for young people who were bullied (Danby, Butler, Emmison, 2011). These techniques were listening to callers, developing assertive communication skills, providing information, offering support and encouragement, and reinforcing personal and individual strengths of the callers. Again, such techniques are associated with CBT. However, some of the interventions seem akin to humanistic counselling, and as the authors stated the service used a client-centred approach. Therefore, this may attest to a pluralistic approach to counselling. However, the data derived were only from three telephone transcripts, and thus, there is insufficient evidence to make conclusive conclusions.

Conversely, Oliver and Candappa (2003) in their telephone-based counselling study, in the UK, found that young people who were bullied appreciated the opportunity to express their emotions, consider their options and have some control over disclosure of bullying. This may suggest a person-centred approach to counselling for bullying. These differences in findings may be accounted for by the different philosophical underpinnings of therapy in different geographical locations, for instance, Australia verses the UK. Nevertheless these

studies are limited to helpline-based services. Thus, the counselling is a one-off session and not individual, ongoing counselling.

To date, there is one study that supports the effectiveness of SBC for young people who have been bullied (McElearney et al., 2013). Longitudinal data was collected from 55 young people using the SDQ. Results indicated a decrease on the peer problem subscale, with each successive session of counselling. This positive change may be attributed to the counsellors' directive techniques. These were psychoeducation, using a strengths-based approach, identifying support networks, exploring ways of resolving or ending bullying; and developing coping/problem-solving/conflict resolution strategies.

It could be argued that such techniques are cognitive-behavioural in nature, yet McEleraney et al. (2013) state that the intervention was pupil-centred, with a cognitive-behavioural focus. This possibly suggests that the intervention was effective due to its pluralistic approach. Even so, there is no evidence to support this. Furthermore, there is no evidence to highlight the pupil-centred or person-centred practices of the intervention. The study suggests that SBC is helping young people who are bullied; however, this was only in the peer-problems subscale. Their study also fails to explain how SBC was effective. The study does not explain whether it was the counsellor or the client contributing to the changes, in the peer problem subscale. Furthermore, positive changes are limited to the quantitative outcome measures of the SDQ. Hence, there may be other outcome changes waiting to be discovered, and a qualitative approach may facilitate more novel change outcomes.

## **2.5 Part111: Client perspective research**



The counselling research for young people has focused on outcome studies (Cooper et al., 2010; McArthur, Cooper, & Berdondini, 2012; Murdoch et al., 2012). Such studies used quantitative methods, from a scientific psychological perspective (Gordon, 2000), to test whether SBC effectively reduced psychological distress. Although they support counselling effectiveness, Gordon (2000) argues that such methods limit the insights that could be provided because of the positivist paradigm. Rodgers (2002) contends that it is the client who contributes to the change process and therefore, it is highly relevant to inquire about what occurs in counselling from their perspective. Hodgetts and Wright (2007) agree that we cannot fully understand how counselling facilitates change, without asking clients about their experiences. As such, this present study attempts to understand how counselling is helpful for young people from their perspective. Client perspective research is not new to the field of psychotherapy with adults. In a pioneering study by Elliott (1985), volunteer university students who engaged in a 20-minute counselling session reported that most helpful aspects about the counsellors' responses were the tasks and interpersonal aspects. Even so, Elliott's study was limited by the use of pseudo-clients, engaging in one brief counselling session. Elliott and James (1989) in their meta-analysis of clients' perspectives of helpful aspects of therapy found five main categories. These were further categorised into interpersonal aspects of therapy and task aspects, which were similar to Elliott's (1985) study. Their review, however, was limited as results were based on what investigators thought were important about the clients' experiences. Elliott and James (1989) recommend the initiation of more qualitative, exploratory research, and hence this present study adopts a qualitative method of inquiry.

Elliott and James (1989) believe that the client perspective is the most direct source of information about the meaning and value of therapy. Yet, they acknowledge that clients are not perfect sources of information. They suggest that clients may not recall events in therapy

or will limit or distort information they share with the researcher. They also imply that external influences or pre-existing beliefs may bias client reports, and a lack of vocabulary or idiosyncratic understanding reduces the reliability of their input. Hodgetts and Wright (2007) state that clients are unable to make accurate judgements, unaware of therapy usefulness, struggle with recall, and are unable to articulate themselves. However, to accept this would suggest that clients are passive agents, unaware of their own helping processes, when Cooper (2008) found that clients are active participants in their therapy. Furthermore, Heatherington et al., (2012, p. 184) reiterate that ‘clients have opinions of their therapy and can verbalize them’ and make sense of the changes brought about by their therapy.

## **2.6 Helpful and unhelpful aspect studies**

### **2.6.1 *School-based counselling context.***

A number of studies have sought to gather information on young people’s perspectives of SBC through interviews. Young people consistently reported that counselling was ‘helpful’ (Cooper, 2009; Hill et al., 2011), so a key focus on the research literature has been on identifying which aspects of counselling were perceived as helpful and unhelpful. Griffiths (2013) found several commonly reported helpful factors of counselling. These were being able to talk openly and be listened to, counsellor’s strategies and guidance and feeling understood, accepted and not judged.

One helpful aspect frequently reported was the opportunity to talk and be listened to (Griffiths, 2013). The talking aspect was described as being able to talk about problems and feelings or talking about specific emotions and subjects (McArthur, 2013). Alternatively, the listening aspect was described as, feeling listened to/understood (Lynass, Pykhtina, &

Cooper, 2012) or the counsellor listening (Cooper, 2004; McArthur, 2013). The concept of openness was described as talking more openly, expressing self, speaking one's own mind (Sherry, 1999); or being honest about one's feelings (Cooper, 2004). Rupani, Haughey and Cooper (2012) explain that the opportunity to talk about problems allows the young person to focus less on the problem, enhancing better concentration in school.

Suggestions, advice and guidance from the counsellor were other helpful aspects of SBC (Freire & Cooper, 2008; Hough & Freire, 2007; McArthur, 2013). The counsellor asking questions and giving useful information was regarded as helpful. Young people wanted more counsellor input, such as more activities, advice, and questions (Lynass et al., 2012), and valued counsellor-led activities (McArthur, 2013), such as relaxation techniques (Cooper, 2004). However, such studies fail to explain how much guidance is needed in counselling, and at what point in therapy does the counsellor offers more advice, activities and strategies. For instance, knowing when to intervene and when to give space to talk is yet to be discovered. Hayes and Brunst (2017) advocate for research that explores the therapeutic process in detail, as this may help therapists to understand how and when to show these various qualities.

Other helpful aspects are the counsellor's personal qualities (Lynass et al., 2012; McArthur, 2013). These include being non-judgemental (Cooper, 2006), nice and friendly (Hough & Freire, 2008), or the counsellor perceived as trusting and understanding (Lynass et al., 2012). Cooper (2004) found that young people felt more comfortable in confiding to their school counsellor, compared to family and friends, due to fear of judgement. Similar to Elliott and James's (1989) study with adults, interpersonal skills and tasks also seem to be helpful for young people. However, such studies fail to explain how these aspects come together in the counselling relationship. Hence, this present study may offer such insights, to improve counselling interventions for young people. In effect, there seems to be a

burgeoning amount of research on helpful aspect studies from young people's perspectives. Admittedly, such studies are limited as they used highly structured interviews, such as the Elliott's (1996) Client Change Interview (Cooper, 2004; Lynass, et al., 2012). Undoubtedly, by using this method of data collection, young people are questioned on factors that the researcher perceives as important, which may impose factors on participants. This reduces the flexibility of more novel factors; hence, a more open, semi-structured interview is likely to facilitate new themes. More importantly, young people in these studies only experienced school-based humanistic counselling, thus they are more likely inclined to report helpful aspects that are aligned to the humanistic perspective, and this further limits the results from these studies. In addition, young people had counselling for a diverse range of presenting issues, and not a specific issue such as school-related bullying.

### **2.6.2 *Community-based counselling context.***

A small-scale study with a youth counselling service in Scotland explored how counselling was helpful to nine young people, through semi-structured interviews (Bondi et al., 2006). Findings indicated into six broad and overlapping categories. These were the counsellor as a person and the quality of the relationship; exercises, activities and use of creative media; the advice, strategies, options and techniques offered by the counsellor; the counsellor's flexibility, availability and responsiveness between counselling sessions; the counselling room; and the work the young person themselves put into the counselling process.

The findings from Bondi et al.'s (2006) study seem to suggest that young people appreciated techniques and practices from varying therapeutic modalities. For instance, 'counsellor as a person and the quality of the relationship she offers may be Rogers' (1957)

core conditions in PCT; whereas, ‘exercises, strategies and advice’, may be the techniques of CBT (Hayes and Brunst, 2017). Furthermore, the use of creative media such as clay, sand and paints seem to be akin to psychodynamic psychotherapy, as they are used more with children and young people as opposed to adults, to help unlock unconscious processes (Hayes & Brunst, 2017). Although creative media was not identified in the SBC literature (Griffiths, 2013), this does not mean that they were experienced as unhelpful; as they may have simply not been offered to young people, as the intervention was humanistic.

Given that Bondi et al.’s (2006) study is the only community-based counselling service with young people, their study offers valuable insights. Some strengths of their study were that they used a questionnaire survey, focus groups and individual interviews; hence findings may be reliable. Despite this, there was no mention of the counsellors’ chosen therapeutic modality, thus the results have no theoretical background to support the counselling interventions used. Consequently, counsellors are left to wonder what therapeutic modalities were used. From the findings it appears that different techniques and practices from different therapeutic modalities were used; however, this is an assumption and there is no conclusive evidence to support this.

## **2.7 Change process research**

Whilst a number of studies have begun to provide useful insight into young people’s experiences of counselling, the focus has primarily been on helpful aspect studies. Cooper (2013) highlights the need for further exploratory research, which moves towards understanding *how* counselling is helping young people. In the existing literature, themes have been derived, yet there are limited studies that used these themes, to develop conceptual models of change processes in counselling. As such, this present study identifies additional

helpful factors and also attempts to build preliminary process models (Cooper, 2013), specifically for young people who were bullied.

In the adult psychotherapy literature, process research has been valuable in describing, explaining and predicting the effects of processes that bring about change over the course of therapy (Orlinky, Grawe, & Parks, 1994). Kazdin (1995) points out that there has been limited child psychotherapy process research. Dunne, Thompson, and Leith (2000) suggest that process research can bring order to the myriad of therapy techniques by exploring broader commonalities. Hence, this present study attempts to add to the existing literature on change processes, in the child and adolescent psychotherapy research.

### ***2.7.1 Existing change process research.***

Dunne et al. (2000) investigated 11 male students' experiences of SBC, to identify the processes involved in counselling. Their methods included two closed and one open-ended questionnaire, and a relatively structured interview. The helpful processes were categorized into affective and cognitive processes, although more weight was given to the affective processes. Affective processes included talking, sharing emotions, and feeling understood. Whereas, cognitive processes involved insight events, where the counsellor offered an explanation or different perspective, hence participants had clearer understanding of an event or issue bothering them.

The study by Dunne et al. (2000) provides an understanding of the processes involved in SBC, and both the counsellor and service-user's role in those processes. Despite this, the study only offers descriptive accounts of helpful factors, with no clear attempt to make associations between these factors. An example of this is what are the processes involved that enables a young person to feel comfortable to talk and share emotions. Furthermore, interviews were at the end of each counselling session, and it could be argued that completing

an interview in this way, rather than at the end of the process, does not provide an overview of the processes involved in SBC, but rather a snapshot of what was helpful in each session.

In another study, Prior (2012) explores the specific processes involved in help seeking among young people. Eight young people were interviewed, with emphasis on their initial process of engagement in accessing counselling. Using narrative analysis, Prior (2012) conceptualised a staged process of engagement with six stages. These stages are (i) self-acceptance in needing support, (ii) school staff as a facilitators to access counselling, (iii) young person weighing benefits versus risks, (iv) attending counselling with uncertainty and hopefulness, (v) establishing trust with counsellor and their ability to ensure confidentiality, (vi) trust in counsellor to open up about concerns that led to help being sought.

Prior's study offers novel insight into a specific aspect of the counselling process, that is, initial engagement. It demonstrates how positive outcomes in therapy are derived. For instance, young people are only able to talk about their concerns, once they felt that trust and confidentiality was established in the therapy relationship. Even so, the study falls short as it does not extend beyond service-users talking about their concerns, e.g. resolutions for these concerns. Nevertheless, from the complex nature of this one aspect that Prior (2012) chose to investigate, it could be argued that limiting the research in this way provides a more detailed understanding of this specific process.

Bondi et al. (2006) highlight change processes in the community-based counselling literature. Nine participants were interviewed and common themes relating to change were found. These are improved relationships, accepting what cannot be changed, being more honest and authentic, acknowledging own needs, managing feelings more constructively, doing better at school, gaining perspective and equilibrium, and feeling lighter and more relaxed. Due to the dearth of research on community counselling, Bondi et al.'s study

informs parents/guardians and young people of the kinds of outcomes that can be expected from counselling. However, their study fails to explain how outcomes, like how young people managed their feelings more constructively, came to pass.

The final piece of research, clarifies the processes of change that young people experience having attend SBHC (McArthur, Cooper, Berdondini, 2015). As part of a randomized control trial (RCT), fourteen participants were interviewed after completing two to nine sessions of SBHC. Using a grounded theory approach, it was found that ‘talking about emotions’ led to the development of five process models. These were labelled as relief, increasing self-worth, developing insight, enhancing coping skills and improving relational skills. McArthur et al.’s (2015) study is insightful, as it suggests that multiple processes of change are possible when a young person speaks about their emotions, which is a core tenant of the pluralistic approach to counselling (Cooper & McLeod, 2011).

Their study shows that the same positive changes were achieved by different clients in different ways, and a range of processes was experienced as helpful. Despite this, participants only experienced one form of therapeutic intervention: humanistic/person-centred approach. Hence, while the study highlights change processes in SBHC, they cannot be understood as exhaustive for SBC more generally. In addition, young people may have been more inclined to report experiences in line with this model, while the counselling intervention potentially biases the results towards humanistic change processes.

## **2.8 Rationale for the current study**

Existing research suggests that young people are accessing school-and-community-based counselling services, for their psychological distress and mental health difficulties, after experiencing school-related bullying. Despite this, there are limited studies that explore



what makes counselling helpful, and how change occurs for this particular client group.

Although there are four studies relating to counselling and bullying, three of these are with a peer counselling service, a helpline counselling service, a CAMH service (Boulton et al., 2007; Danby et al., 2011; Dyer & Teggart, 2007), and only one is with a SBC service (McElearney et al., 2013). The latter study supports the effectiveness of SBC for young people who are bullied. However, due to the quantitative method, their study does not explain what was helpful, nor does it explore how change occurred for such young persons.

Hearing the voices of young people has been raised by both government policy (DfE, 2014) and by researchers in the field of SBC (Cooper, 2013). Consequently, there has been an increasing amount of research on client perspectives of counselling, in the form helpful aspect studies (Griffiths, 2013). Although these studies highlight a range of helpful techniques and practices that counsellors use (Hayes and Brunst, 2017), the studies are limited as the primary mode of intervention is humanistic/person-centred. Hence, the factors derived are also inclined to be humanistic. Moreover, the young people experienced varying presenting issues, and not a specific issue, such as school-related bullying.

Cooper (2013) expresses that there are often no evidence-based guidelines or data on how to work effectively, with varying kinds of presenting problems that young people bring to counselling. Thus, there is a need for such evidence-based practices. Hence, the aim of this present study is to focus specifically on the helpful and unhelpful factors in counselling for young people following school-related bullying, while further exploring the processes by which these factors are experienced as helpful.

## **2.9 Research aims and questions.**

The current research aims to fill a gap in the existing literature, through firstly, adopting a qualitative approach. This will facilitate the gathering of rich, in-depth data of young people's experiences of school-and-community-based counselling services, as a result of school-related bullying. Secondly, using thematic analysis, it is hoped that common helpful aspects and change processes in counselling may be identified. This in-depth understanding of the counselling process may help to improve and develop counselling interventions for a particular client group, that is, young people who are bullied. In alignment with the research aim the following research questions are used to guide this study:

1. What do young people identify as helpful in counselling following school-related bullying?
2. What do young people identify as unhelpful in counselling following school-related bullying?
3. How do young people describe their processes of change, if any, having received counselling for school-related bullying?

### 3

## Methodology and Method

### 3.1 Overview

In this section a brief discussion of research paradigms in counselling psychology is offered, followed by an overview of client helpfulness interview studies. The researcher's

epistemological stance is explored, followed by methodological considerations. Finally, the methods outline how the data was collected to answer the research questions. The interconnectivity of these elements forms the foundation of this chapter. It provides a rationale for adopting a realist thematic analysis methodology, and the methods used for gathering and analysing the data.

### **3.2 Research paradigms in counselling psychology**

Quantitative, qualitative and a combination of the two, known as the mixed-methods approach are the primary approaches to research (Creswell, 2009). In this study, a qualitative approach was chosen rather than a quantitative or mixed methods approach. Despite choosing a qualitative design, the researcher recognizes that there are multitudes of ways for exploring the research topic. From a pluralistic standpoint, Kasket (2012) contends that there may be effectiveness of differing methodologies in exploring a research topic, which may have priority over the researcher's epistemological stance. As such, the research paradigm chosen is underpinned by the researcher's ontological and epistemological positioning, the research questions and the existing literature on the topic of interest.

In psychology, quantitative approaches have been greatly relied upon as a means of quantifying phenomena and isolating causes and effects to allow findings to be generalized (Flick, 2014). Despite this, it has been more recently criticized with the study of subjective experiences and meanings. Quantitative research is positioned epistemologically within a positivist paradigm. A positivist paradigm states that "knowledge is statistically generalised to a population by statistical analyses of observations about an easily accessible reality" (Sobh & Perry, 2006, p. 1195). The ontology of positivism is that there is one true reality that is apprehendable, identifiable and measurable (Ponterotto, 2005); this position is known

as ‘naïve realism’ (Madill, Jordan, & Shirley, 2000). The epistemology of positivism is that findings are true as the researcher is objective by viewing reality through a ‘one-way, value-free mirror’ (see Sobh & Perry, 2006). In other words, the positivist perspective perceives knowledge as objective, measurable and identifiable based on the philosophy that there is a reality that can be objectively studied and understood (Denzin & Lincoln, 2000).

### ***3.2.1 Existing literature and positivism.***

Although there are limited studies on community-based counselling, much of the existing literature on SBC has a positivist approach. These include three RCTs (Cooper et al., 2010; McArthur et al., 2012; Murdoch et al., 2012). Such studies were positivist in nature, because they directly measured the effectiveness of an intervention, SBHC, in relation to psychological distress among young people. The intervention was effective, as there were significant reductions in psychological distress. The positive changes identified were derived from pre-and post-counselling questionnaires, such as the YP-CORE, the SDQ and the Goal-Based Outcome Measure. These measures were useful for quantifying and demonstrating therapeutic change; however the studies are limited as they fail to capture the inherent richness of experiences, as to how change occurred.

A positivist research paradigm assumes a single truth, thus it reflects a reductionist attitude (Crotty, 1998). However, it could be argued that this perspective opposes the very essence of counselling psychology as a discipline within the postmodern movement (Strawbridge & Woolfe, 2010). Deurzen-Smith (1990) argues that the philosophical underpinnings of counselling psychology emerged in response to a psychology that was too preoccupied with scientism to adequately inform our understating of the dilemmas of human experience. Daniel and McLeod (2006, p. 244) question whether such objectifying methods

are truly able to “reflect the complex and multidimensional nature of what comes out of the process of engaging as a client in therapy”. Based on the aims of this research, a positivist/objective framework may not be able to capture the multitude of complex processes that may occur in counselling for young people following school-related bullying.

### **3.2.2 *Client helpfulness interview studies.***

A client helpfulness interview (CHI) study is a form of psychotherapy process research that directly asks clients what they found helpful and unhelpful in their counselling, and also, how do processes of change occur from the helpful aspects (Cooper & McLeod, 2015). Given this definition, this present study is also a CHI study. From a pluralistic stance, this CHI study may be explored from a multitude of routes (Kasket, 2012), with different domains of philosophical inquiry, such as constructionist and realist epistemology. From a constructionist perspective, young people’s understanding of helpful factors may be understood as narratives that ultimately point towards other constructions. Conversely, from a realist perspective, it may be understood as pointing towards some ultimate truths of what really helps in counselling.

Constructionism is a relativist position, meaning that there are multiple and equally valid realities (Schwandt, 2000). In constructionism, reality is seen as being constructed in the minds of individuals (Subh & Peery, 2006). It is understood to be subjective and influenced by an individual’s experience and perception of a situation (Ponterotto, 2005). Furthermore, it uses a hermeneutical approach, such that meaning is hidden and only is derived through deep reflection (see Schwandt, 2000). However, this present study is not interested in exploring the multiple, relative constructed realities of each participant. Instead, this CHI study aims to directly find out from young people themselves what has been helpful

in their counselling. This means, the data that emerges most likely reflects their actual experiences of counselling, unfiltered by the perceptions of therapists, or particular categories used in measuring instruments (Cooper & McLeod, 2015).

Elliott (2010) suggests that such CHI studies are one of few forms of psychotherapy research that supports evidence of causality. He explains that process-outcome research that demonstrates statistical associations between empathy and clinical outcomes explain little as to which causes which. In contrast, if young people state that they became more self-confident *because* they felt cared for by their counsellor, then this may indicate a causal link (Elliott, 2010). With this in mind, this present CHI study adopts a realist epistemological stance. However, Hayes (2017) highlights the limits of this type of empirical research, and explains that even if some findings are true for some people, that may not necessarily mean it is true for all young people that counsellors work with. As such, change processes are not causality links, but merely that the probability, or the likelihood, that some feature of a client, attribute of a therapist, or therapeutic process, will lead to therapeutic change (Hayes, 2017). Thus, change processes are tentative initial indications, rather than causal links.

### ***3.2.3 Ontological and epistemological position.***

Ontology relates to the nature of reality and what can be known about that reality (Ponterotto, 2005). Hence, ontology provides a way of understanding closely linked to the study of knowledge, which is epistemology (Crotty, 1998). Epistemology is “the study of knowledge, the acquisition of knowledge and the relationship between the knower (research participant) and the would-be knower (the researcher)” (Ponterotto, 2005, p. 127). In this present study, the researcher’s role is to be a trustworthy reporter trying to uncover what young people truly believe is helpful in counselling, rather than engaging with them in a

deeply relational way, to co-construct meaning, as in constructionism. By finding out from clients themselves what has been helpful in counselling, means that the data emerged, most likely to reflect clients' actual experiences, unfiltered by the perception of the researcher (Cooper & McLeod, 2015). Such a study offers tentative initial indications of what aspects of the client or attributes of a counsellor are likely to lead to therapeutic change (Hayes, 2017), and as such, this study adopts a realist epistemological stance.

The philosophical position of realism is that reality exists independently of the researcher's mind, meaning there is an external reality or 'truth' (Bhaskar, 1978). This truth consists of abstract things that originate in people's minds but exist independently of any one person (Sobh & Perry, 2006). Therefore, a person's perceptions are a window on to that blurry, external reality. The ontology of realism is that reality is 'real' but only imperfectly and probabilistically apprehensible.

Sobh and Perry (2006) explain that realism research is searching towards an understanding of the common reality of a social system, in which many people operate inter-dependently. That is, the belief that there is a 'real world' or 'truth' out there to be discovered. For example, if eight out of ten young people stated that it was helpful when their counsellors taught them strategies, as this aids with coping with bullying, then counsellors technique of 'teaching strategies' can be considered as an ultimate truth or helpful aspect of counselling. Therefore, by adopting a realist epistemological stance this study can make some ultimate truths claims of helpful aspects in counselling for young people who are bullied, as it aims to find commonalities across participants.

### **3.2.4 *Methodological considerations.***

Kasket (2012) contends that counselling psychologists should approach research studies with a pluralistic attitude, recognizing the multidimensional ways of exploring a research topic. Thus, both quantitative and qualitative methodologies were considered to answer the research questions. Given that the aims of this research is to build an understanding of helpful and unhelpful aspects of counselling for young people who experienced school bullying, and how they were experienced as helpful, this study adopted a qualitative methodology.

For several reasons, a qualitative methodology was chosen to conduct this present research rather than a quantitative approach. Quantitative methodologies aim at measuring and analysing relationships between variables within a 'value-free' context, rather than seeking to understand the social processes underlying these relationships (Denzin & Lincoln, 2005). However, this study is interested in understanding the social and psychological processes that lead to change for young people; hence, a qualitative research is more relevant for studying social relationships and the subjective meanings related to them (Flick, 2014).

Secondly, the SBC literature suggests that approximately 10% of young people are referred to counselling for school-related bullying. The small size of this target group meant that it could be possible, and more enriching to carry out in-depth interviews with as many young people who had counselling for bullying, as logistically possible. Thirdly, the lack of research around this specific group in the counselling psychology field meant that qualitative findings are 'especially useful ... because the research can reveal processes that go beyond surface appearances' (Holloway & Wheeler, 1996, p. 2).

Finally, there are several similarities between qualitative research and counselling psychology practice; these include subjectivity, understanding, collaboration, and a holistic perspective (Rennie, 1994, p. 250). The researcher, a counselling psychologist trainee



believes that the relationship is paramount, thus the collaborative relationship between the researcher and the researched is significant. Moreover, findings are shaped by this relationship, as the researcher is an active participant within the research. Consequently, this qualitative study is subject to researcher biases throughout all stages of the study (Creswell, 2009). Hence, the researcher accounts for this in the reflexivity statement in section 3.5.1. Despite this, the value laden nature of qualitative research (West, 2001), facilitates empathic understanding by the researcher of the participants' stories, enabling compassionate insight into the observed (Moustakas, 1990). Ultimately, this reflects core relational and pluralistic principles of Counselling Psychology (Division of Counselling Psychology, 2005).

### **3.2.5 *Thematic analysis.***

Thematic analysis (TA) developed by Braun and Clarke (2006), was chosen as the method for identifying the helpful and unhelpful aspects in counselling. This method was chosen, as it considers the collective or shared experiences of participants, by focusing on the meanings across the data set. This study is not interested in identifying unique and idiosyncratic meanings and experiences within a single data set. Rather, it aims to discover and understand the commonalities across participants, and how those factors led to collective processes of change. Additionally, the study is not about developing a novel theory to describe findings, but moreover, summarizes the data into themes to be explained. Thus, TA was considered most applicable to identify common, meaningful themes, specifically related to the study's research questions.

Thematic analysis is defined as “a method for systematically identifying, organizing, and offering insight into patterns of meanings or themes across a data (Braun and Clarke (2012, p.57). TA is *only* a method of data analysis, rather than an approach to conducting

qualitative approach. This is considered a strength as it facilitates accessibility and flexibility (Braun & Clarke, 2012). Furthermore, it is novice researcher-friendly and results may be available to a diverse audience (Braun & Clarke, 2012). Due to TA's flexibility, it may be conducted in varying ways and can comfortably sit along three main continua: inductive versus deductive; experiential versus critical; and realist versus constructivist.

In this study, TA adopts an inductive, experiential and realist form of inquiry. It was inductive, as themes were driven by the data, and coding and analysis had a bottom-up approach (Braun & Clarke, 2012). Hence, the codes and themes generated closely matched the content of the raw data, rather than using pre-determined theoretical and analytic interests. Simultaneously, it is impossible to be purely inductive, as there was prior knowledge (Sobh & Perry, 2006) having read the literature. Despite this, staying within a realist epistemology the researcher was inductive as permitted, to stay true to the data and capture the collective voice of the participants.

This TA had an experiential orientation and a realist epistemology, as it assumed a knowable world and voiced the experiences and meanings of that world, reported in the data (Braun & Clarke, 2012). It was realist as motivations, experiences and meanings were theorized in a straightforward way because a simple, largely unidirectional relationship was assumed between meaning, experience and language (Braun & Clarke, 2006). Furthermore, the themes described, existed independently to a large extent from the researcher's interpretation. Consequently, codes were generated at the semantic level, as opposed to the latent level. Semantic coding facilitated staying close to the content of the data and to the participants' meanings (Braun & Clarke, 2012). Section 3.4.1 further explains Braun and Clarke's (2012) six-phase approach to thematic analysis.

### **3.3 Research design**

#### **3.3.1 *Ethical considerations.***

The research for this project was submitted for ethical consideration under the reference PSYC 15/ 181 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 09.11.15 (Appendix A). Parental consent was obtained from all parents/guardians before a young person was considered a potential participant (Appendix B). Both parents/guardians and participants were given information sheets (Appendix C & D) to explain the scope of the study, prior individual interviews. The researcher verbally explained to each participant the scope of the study, as outlined in the participants' information sheet. Having answered the participants' questions and concerns, only then was participant informed consent obtained (Appendix E).

Participants were reminded of their rights of refusal to answer particular questions, and their rights to withdraw from their study at any time, without negative consequences. Participants were informed of data confidentiality, and that the data would be stored safely and securely in accordance with the University of Roehampton's Code of Good Research Practice and the Data Protection Act 1998. Audio recordings were stored temporarily on a recording device, and then transferred to the researcher's personal computer, which remained at home and protected with an encrypted, password-protection. These audio recordings were labelled with numerical codes that were assigned to each participant and his/her transcript. Anonymity was assured by altering all identifying information and pseudonyms were used in the transcribed transcripts. Following the interviews, participants were fully debriefed and debriefing forms were given to the participants and their parents/guardians (Appendix F & G). In accordance with the lone-working policy, the researcher had informed her supervisor of locations, dates and times the interviews was conducted.

### **3.3.2 *Sampling framework.***

Due to the researcher's knowledge of the research topic, purposive sampling was used to determine which participants should be included in the sample (Oliver, 2006). The advantage of purposive sampling is that identified participants provided data that was relevant to the research question. The principal subject group were young people who were bullied, and the secondary characteristics are outlined in Appendix H. In relation to sample size, although Hill et al. (2005) recommend 8-15 participants, Elliott (2010) suggests 6-12 participants for a qualitative helpful aspect study. Alternatively, Cooper and McLeod (2015) propose approximately 4-5 hours of interview data, specifically focused on helpful factors and processes. This study adopted Elliott's (2010) suggestion of 6-12 participants; with ten participants. This is because, although the interviews specifically focused on helpful factors and change processes, the interviews were not full one-hour interviews. Interviews ranged from 40-90 minutes, but saturations levels were achieved by the fifth interview.

### **3.3.3 *Inclusion and exclusion criteria.***

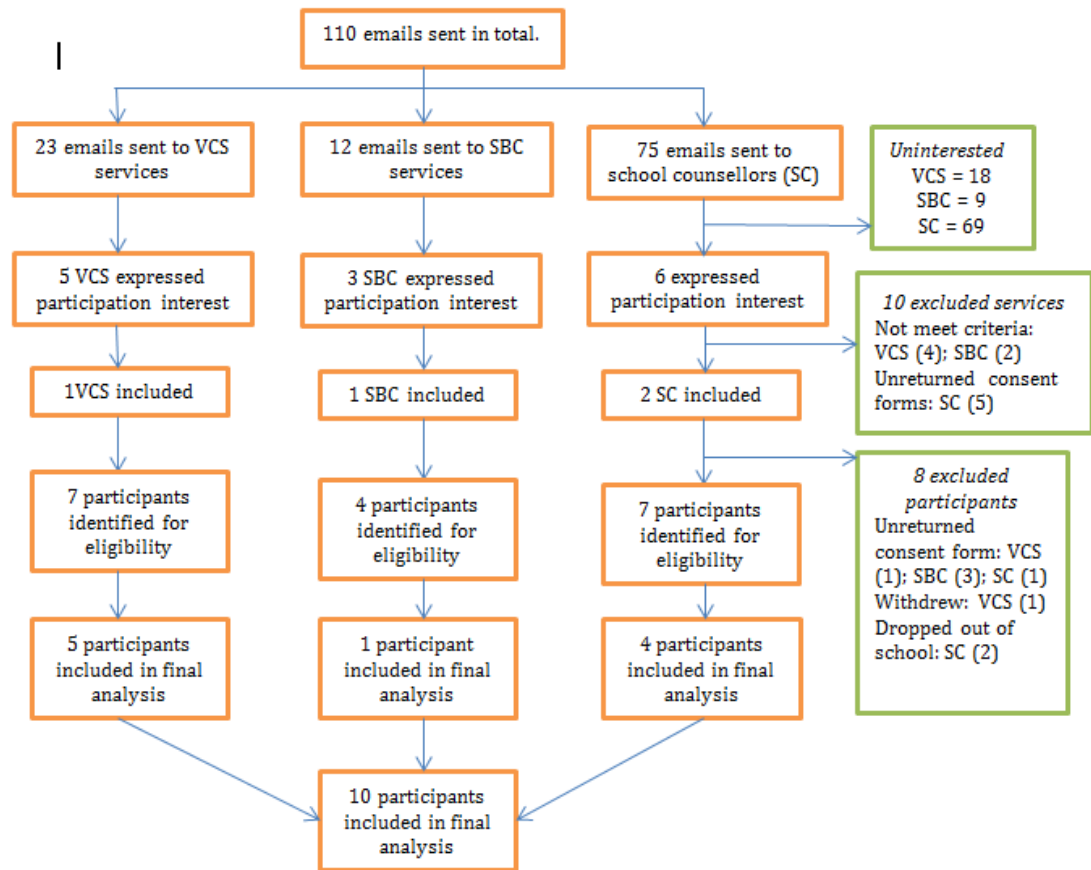
Participants were recruited on the basis that they had received or were currently receiving counselling, for school-related bullying. The required age was 11-17 years, as this was reported as the standard age to be considered a young person (Griffiths, 2013). The minimum amount of counselling sessions required was four, as on average clients attend SBC for approximately three-six sessions (Cooper, 2013). Having parental consent and having the capacity to consent was mandatory. This was because, the British Psychological Society (BPS) Code of Human Research Ethics (2011, p.16) state that, "for children under 16 years of age and for other persons where capacity to consent may be impaired the additional consent

of parents or those with legal responsibility for the individual should normally also be sought”. Participants were excluded if they had acute distress and/or learning disabilities that affected their cognitive abilities. They were also excluded if they were at significant risk of harm to self or others, in accordance with risk assessment guidelines. Lastly, if the young person was involved with other children and young people’s mental health services, e.g. CAMHS, they were excluded due to the conflict of interest. These criteria (Appendix H) were determined by the counselling managers of the services.

### ***3.3.4 Recruitment of participants.***

Cooper and McLeod (2015) recommend that researchers need to ‘spread their net as wide’ as possible, and contact many more potential sources of participants than actually needed. Hence, initial emails were sent to SBC and VCS counselling services in Inner/Greater London and its environs. The response rate from SBC services was extremely low; hence individual secondary schools were contacted by the researcher. Secondary schools were found by searching online for names of schools, borough by borough. Initial emails were sent directly to school counsellors’ email addresses. These email addresses were either found on the schools’ webpage or by directly contacting the school. Information sheets (Appendix I) were included in these emails.

In total, 110 emails were sent. These included: 23 emails to VCS counselling services, 12 emails to SBC services, and 75 emails to school counsellors. The number of services participated were one VCS counselling service, one SBC service, and two school counsellors got their schools involved. There were five participants from the VCS, one participant from the SBC and two participants each from the school counsellors’ school. Hence, the total number of participants was ten. Figure 1 below displays the process of recruitment (Appendix L).



**Figure 1:** Recruitment process flow chart

### 3.3.5 Procedure.

After the counselling services confirmed their participation, there was constant communication through telephone calls and emails, between the researcher and the counselling managers/school counsellors. These services were emailed the inclusion/exclusion criteria (Appendix 8). After potential participants were identified, information sheets (Appendix 3 & 4) and consent forms for parents/guardians and young persons (Appendix 2 & 5) were emailed to the services. Only when the signed parent/guardian consent forms were returned to the researcher, then arrangements were made for interviews.

The counselling managers/school counsellors arranged the dates, times and room location for these interviews. Interviews occurred on the counselling service's premises, in accordance with their child protection and safeguarding policies. Only the participant and the researcher were present during the interview. Before the interviews occurred, the young person's information sheet was explained to the participants, and after any concerns were addressed, informed consent was obtained (Appendix 5). Ethical considerations were further explained to the participants, such as confidentiality, anonymity, rights to withdrawal and data protection procedures (Section 3.3.1). Interviews were audiotaped and ranged from 40-90 minutes in length. Participants were informed that they would not be asked about their bullying experiences, but only about their experiences of counselling. Post-interview, participants were verbally debriefed and provided with debriefing forms (Appendix 6 & 7).

### **3.3.6 *Participants.***

This study had ten participants. There were five participants from the community-based counselling service, and five participants from school-based counselling services. Participants aged between 14-16 years, with a mean age of 15 years, and a median and mode age of 14 years. The school years ranged from 9-11. There were eight females and two males. Participants varied in race and ethnicity. There were five White/British, two Mixed/British, one Pakistani /British, one Black/American and one Irish/German. Three participants identified as having a disability, which included a physical disability, dyslexia and hypermobility; however these participants were cognitively competent to partake in the study. The average number of counselling sessions attended was 24, with eight as the minimum and 50 as the maximum. All participants had experienced various types of bullying, such as verbal, emotional, physical and cyberbullying. Table 1 provides an overview of the participants' demographic profile. The names of participants were altered in

accordance with the confidentiality and anonymity process (Section 3.3.1). Pseudonyms were used throughout.

Table 1  
*Participant Demographic Profile*

Pseudonym	Age	Gender	Race/ Ethnicity	Disability	School Year	Number of sessions	Type of Counselling
Samwell	15	M	White/ British	Yes (physical)	10	16	psychodynamic
Sally	16	F	White/ British	No	11	24	integrative
Genie	14	F	Mixed/ British	No	9	20	integrative
Meera	15	F	Pakistani/ British	No	10	12	CBT
Arya	14	F	White/ British	No	9	40	psychodynamic
Dario	14	M	Black/ American	No	10	35	solution- focused
Shae	15	F	Mixed / British	No	10	15	solution- focused
Avril	14	F	Irish/ German	Yes (dyslexic)	9	8	psychodynamic
Gilly	14	F	White/ British	Yes (hypermob ility)	9	20	integrative
Victoria	14	F	White/ British	No	9	50	integrative

### **3.3.7 Data Collection.**

A socio-demographic form was used to collect the personal data (Appendix J).

Previous studies have used the Elliott's (1996) Client Change Interview to explore processes of change (e.g., Daniunaite et al., 2012; Lynass et al., 2012; McArthur et al., 2013).

However, because the research questions were specific to young people who were bullied, a



semi-structured interview schedule was developed by the researcher (Appendix K). The researcher combined questions from the Helpful Aspects of Therapy (HAT) form with questions from the Change Interview (Elliot & Rodgers, 2008). The former facilitated in-depth experiential reflection on helpful and unhelpful aspects, whereas the latter specifically elicited information that contributed to therapy change.

### **3.3.8 *Interviewing.***

The interviewing schedule consisted of three main sections or domains. These were counsellor activities, client activities and processes of change. In the first two sections participants were asked what they perceived as helpful in their counselling for bullying, from their counsellor, and then, from the participants themselves. In the third section, having described how they have changed over the course of therapy to date, they were asked what they attributed these changes to. Probes were used, to encourage narratives of what participants recalled (Cooper & McLeod, 2015). This interviewing technique limited generalizations and abstract answers. The researcher asked for critical incidents – memorable moments or episodes that indicated something was helpful.

Apart from this, the researcher paraphrased, summarized and reflected, as this facilitated in-depth reflection of their experiences. Rather than using factual, structured, information-gathering questions, the researcher used engaging, interactive dialogue, aimed towards maximizing the generation of understanding and insights (Brinkmann & Kvale, 2015). The researcher, being a trainee counselling psychologist, found that Rogers (1957) core conditions of facilitated rapport. This influenced the pace and amount of information shared in the interviews. The challenge, however, was to keep focus of the interview on helpful factors and processes.

### 3.4 Data Analysis

As highlighted in Section 3.2.5, a thematic analysis (TA) was chosen as the data analysis method. Before analysis began, interviews were audio-recorded and then transcribed orthographically to an appropriate level of detail. Braun and Clarke (2006) suggest that TA may not require the same level of detail in the transcripts of conversation, discourse or narrative analysis. Hence, the researcher ensured that the transcripts retained the information needed from the verbatim account, in a way that was ‘true’ to its original nature. The final transcripts were checked against the audio-recordings for accuracy. Appendix M shows a sample of the first two pages of data transcription from Transcript 002.

#### 3.4.1 *Six-phase approach to thematic analysis.*

The analytic procedure followed Braun and Clarke’s (2006) six-phase approach to thematic analysis. A detailed overview of each step is provided in Table 2.

Table 2  
*Six-phase approach to thematic analysis*

Phase	Description of the process
1. Familiarizing myself with the data	Through the process of transcribing I became familiar with the data. The transcripts were then read and re-read, to become more familiar with all aspects of the data. Written notes and ideas were marked on the hardcopies of transcripts.
2. Generating initial codes	Systematic analysis of the data began through initial coding. Codes were produced at the semantic level, to stay close to the content of the data and the participants’ meanings. Words, sentences, phrases and paragraphs were coded once they were

	relevant to the research questions. A long list of different initial codes was identified across the entire data set.
3. Searching for themes	The codes were then collated into potential themes. Different codes were clustered together, if they shared unifying features, to create overarching themes. The themes attempted to show something important in the data, and represented some level of patterned response or meaning within the data set. After candidate themes were constructed, all relevant data was gathered (extracts), in relation to each potential theme. Appendices N and O, highlight initial coding and theme development from page three of Transcript 005 and page seven of Transcript 008. To enhance the richness and quality of the data analysis some transcripts were analysed by co-researcher colleagues for external auditing.
4. Reviewing themes	<p><i>Level 1:</i> Candidate themes were reviewed and refined in relation to the coded extracts. If there was insufficient data extracts to support the themes, then they were either collapsed into each other or broken down into separate themes. Once the collated themes formed a coherent pattern, the second level of analysis was applied. At this point, a process map was created for each transcript. Appendices P and Q demonstrate examples of process maps for Transcripts 003 and 004.</p> <p><i>Level 2:</i> The same process as in Level 1 was applied, but in relation to the entire data set.</p>
5. Defining and naming themes	Themes were defined and further refined. This was done by identifying the essence of what themes meant and what aspects of

	the data they captured. Each theme had a written detailed analysis. Apart from reviewing each theme individually, each theme was reviewed in relation to the other, to get an overall story of the analysis. Although the themes already had working titles, names were created for them. The titles of themes were created to have a consistent syntactical format with one another. To achieve this, a single stem for all titles (e.g., ‘it was helpful when the counsellor/has ... for my school bullying’) was used.
6. Producing the report	This was written in the Analysis and Discussion sections of the dissertation. Vivid, compelling extract examples from the data were selected. Then, the final analysis of selected extracts was referenced to the research questions and literature, and finally conclusions were drawn.

### 3.4.2 Final Analysis.

The participants’ responses were thematically analysed, and the themes were organized into *domains* (Cooper and McLeod, 2011). These domains are ways of organizing the data that are established prior to the actual analysis. This is seen from the semi-structured interview schedule in Appendix K. These domains are further divided into *helpful client activities* and *helpful counsellor activities*. Another main domain is ‘change processes’. These are summarized in both narrative and table formats in the following chapter. Change process models were developed when there was evidence supporting links between helpful counsellor and client activities and positive outcomes. These are graphical representations of prevalence of different categories and their inter-relationships. Patterns emerging from these helpful activities were considered in parallel to transcripts, and potential process models were

developed by making connections between categories across clients. Each client's process model was reviewed thoroughly with the transcript and then common pathways were developed across the data set.

### **3.5 Reflexivity**

Reflexivity is considered a criterion for quality evaluation in qualitative research, as qualitative methodologies acknowledge that researchers influence the research (Willig, 2008). Through reflexivity, researchers are encouraged to reflect upon and make explicit the ways in which their own values, experiences, interests, beliefs, thoughts and feelings (Willig, 2008) may influence the research process from beginning to end. I acknowledge that the methodology and methods discussed in Chapter 3, as well as other personal thoughts, feelings and prior readings in the literature have impacted the research process. I also recognize that my personal and clinical experiences in counselling, and theoretical knowledge of the topic has inevitably influenced the entire research process.

#### **3.5.1 *Reflexive statement.***

Given that, the above literature review and methodology chosen reflects the biases of its source, it would be useful to finish this section of the thesis by saying something about where I am coming from as researcher and author of the present text. Having a background in Psychology and then Developmental Psychopathology had undoubtedly influenced my thinking in conducting research dissertations. For both my undergraduate and postgraduate dissertations I had conducted quantitative research studies, and thus, was only exposed to a world of testing hypotheses, manipulating variables and applying statistical tests, to prove whether something was significant or not. However, I felt such studies offered limited

meaningful insights to understand and explore deeper psychological processes. It was only upon entering the field of counselling and psychotherapy, and engaging with the literature I began to read qualitative research papers, which sparked my interest. For me, this offered more meaningful data.

Furthermore, it seems that my particular subject of choice has always been children and young people. This was because my first degree's dissertation was on fear or crime among young people, while my Master's dissertation was on observational learning among three-and-four-year-old children. As such, my inclination for the subject group of this present study was with young people. More specifically, the topic school-related bullying was chosen due to prior experience of working in a Child Development Unit. At the Unit, I developed a national anti-bullying training programme, seeing that school-related bullying was highly prevalent in Trinidad and Tobago. This programme had many components, one of which was individual counselling for both the bully and bullied.

During the last few months of my second year on the doctoral programme, Professor Mick Cooper presented his research on relational depth and SBC for children and young people. Inspired by his work, I wanted to further expand his research findings on SBC, especially as there are little to no SBC services in Trinidad and Tobago. For me this was an avenue to learn more about SBC in the UK, to implement such a service for children and young people in Trinidad and Tobago. Hence, this present study was a result of prior reading on helpful aspect studies, the SBC literature and my previous knowledge and interest in school-related bullying among children and young people.

Seeing that, school-related bullying is a socio-behavioural problem that may result in a number of emotional, interpersonal and behavioural issues, I hypothesize that young people in this study will appreciate having techniques, strategies, guidance and advice to cope with

bullying. Even so, as a clinical practitioner I ground myself with the person-centred approach, as like Rogers (1942), I believe that the therapeutic relationship serves as a catalyst for change. My personal beliefs and values seem akin to the theoretical underpinnings of person-centred therapy, and I believe that engaging with people in a deeply valuing and respectful way can be helpful in therapy. As such, although I hypothesize that participants in this study may value CBT techniques, I am also open to the possibility that person-centred practices may be helpful as well.

In further reflection, my prior reading on the common factors literature has also influenced how I conducted the research. For instance, the development of the interview schedule may have been influenced by the common factors in counselling and psychotherapy that leads to therapeutic change. It could be argued that the common factors, such as therapist and client factors were used as domains in the interview schedule, prior to data analysis. The interview schedule generally began with questions focusing on how the counsellor helped in counselling, followed by questions targeting the clients' contribution to the counselling process. Inevitably, such domains resulted in helpful activities that related specifically to what the counsellor and client did in therapy. Perhaps, if there was no prior reading on the common factors literature, then the interview schedule would have been more open, with no pre-conceived domains, i.e. helpful counsellor and client activities. A more open interview may have facilitated novel themes, such as extra-therapy variables.

## 4

### Analysis

#### 4.1 Overview

A realist thematic analysis was used to generate themes of helpful and unhelpful aspects of counselling for young people, following school-related bullying. Further, analysis identified how these factors were experienced as helpful and led to therapeutic change. In

this chapter, Section 4.2 firstly presents the themes of helpful counsellor activities, followed by helpful client activities in Section 4.3. From this, Section 4.4 demonstrates the underlying change processes from the reported helpful aspects that led to change, and each of these processes are depicted with process models. Lastly, the unhelpful aspects in counselling are highlighted in Section 4.5.

### **4.2 Helpful counsellor activities in counselling**

This domain refers to the aspects of counselling that young people reported were helpful counsellor activities that assisted with school-related bullying. Five themes were identified, which are presented in Table 3.



Table 3

*Helpful counsellor activities.*

Helpful Counsellor Activities	Number of Participants
<b>Ways of Relating</b>	10
<i>Understanding</i>	
<i>Listening</i>	
<i>Acknowledging/prizing</i>	
<i>Empathy</i>	
<b>Incorporation of creative media</b>	8
<i>Drawing</i>	
<i>Writing poems</i>	
<i>Creating comic book</i>	
<i>Card games</i>	
<i>Flip charts</i>	
<b>Teaches strategies</b>	7
<i>Stopping and thinking</i>	
<i>Assertiveness techniques</i>	
<i>Mindfulness</i>	
<i>Ripping and burning paper</i>	
<b>Offers advice</b>	7
<i>Telling someone</i>	
<i>Ignoring the bully</i>	
<i>Doing practical things</i>	
<b>Creates safety</b>	5
<i>Confidentiality</i>	
<i>Counselling contract</i>	
<i>Counselling room</i>	

#### 4.2.1 *Ways of relating.*

All ten participants described their counsellors' 'way of relating' as helpful in counselling. Participants reported that their counsellor's way of relating helped them to trust their counsellors and talk about their bullying experiences. The counsellor's 'way of relating' referred to core therapy skills and relational skills, and was experienced by participants in varying ways, such as their counsellor *expressing understanding, conveying empathy, acknowledging or prizing, and/or listening supportively*. The theme 'ways of relating' is encapsulated by Sally as:

It's just the way she was with me, like the way umm, like we built that trust bond, it's hard to describe, umm it's just the way she was towards me, umm she was so friendly; she was so polite; absolutely lovely. (Line 90)

Eight participants found it helpful when their counsellor *expresses understanding*. For instance, Samwell compared his present community-based counsellor with a previous school-based counsellor, 'Mxxxxx is definitely a lot more understanding and she knows me better' (line 123). Similarly, Sally stated, 'she was so understanding' (line 6). For one participant, the counsellor's understanding encouraged her to talk, '...so I talk to her, she understands', in addition to being honest, 'I tell her everything and she understands everything that I am saying to her' (Shae, line 48). Avril shared a sense of appreciation of having her counsellor's understanding, 'umm, well it was nice to spend some time away from other people and um get to speak to someone who understands my point of view, or have been through things themselves' (line 20). Arya took a step further to clarify how her counsellor expressed understanding. She explained:

Umm she wrote things down and if she didn't understand where exactly I was coming from she goes through what we've been talking about and she writes down pointers of what I've said and then if she wants me to expand more she gets me to write it down, and she says yeah she understands. (Line 34)

Apart from their counsellor expressing understanding, two participants found it helpful when their counsellor *conveys empathy*. Sally described, 'by the way her tone of voice was, her body language, the way she was speaking to me' (line 10). Likewise, Genie felt 'when she speaks to you, it's not like she is sitting upright, or like really tense, she has

this position of like, I'm really sorry this is happening' (line 39). By using their body language, tone of voice and communicating their understanding of the young persons' feelings, the counsellors demonstrated their ability to understand sensitively and accurately the clients' experiences and feelings in the here-and-now.

Two participants found it helpful in counselling when the counsellor *acknowledges or prizes* the young person. With seldom prizing from her family, Meera felt prized by her counsellor: 'I never really get praise for many things and then I come in here and it's like there's a lot of praise, things that I didn't think were that amazing. It's made me feel a lot better about myself' (line 19). She illustrated an example of her counsellor's prizing, 'when I did say something that I thought was general, she would say 'oh that's really good, that's a really good accomplishment'; she just made me think of when I did something good' (line 87). Receiving prizing from her counsellor increased Meera's sense of self-worth, as she describes that the praise was given in moderate honesty.

It makes me just feel really worthy of praise. Like the way she does it, it's not like over the top. But it's not just like, well done let's move on, it's like she spends time and explains why it is an achievement. It's just nice because it's like someone finally, not finally, but you know, just actually acknowledging that I do make such a big effort. (Line 90).

The core therapy skill, *listens supportively* was another counsellor's way of that aided with bullying experiences. Gilly stated, 'He wasn't really like loud and he just kinda like listened to me, not interrupt me' (line 83). Whereas, Genie openly expressed her needs of wanting someone who listens without feeling sorry for her.

Yeah, so um, it's not as if I'm a child [mhm] it's like I'm a teenager, and I just need someone to listen to me, and it's not like sympathetic or anything like that, it's just, when it comes to talking to someone and having like that conversation, about whatever, I don't want her to feel sorry for me because that makes me feel guilty and she just listens and it's nice. (Line 39)

Genie further described how it felt to have a counsellor that listened to her school-related bullying experiences.

It's like when I go in to counselling and someone's listening to me, it's like so nice in my life for someone to listen to me and to feel like, I am able to talk to someone, and just someone listening to me, it's something, it's a whole new different! (Line 29)

From the participants' descriptions, it seemed as though the counsellor's ways of relating in counselling was experienced in different ways. The counsellor either listened supportively, expressed understanding or conveyed empathy with the young person's bullying experiences, which led the young person to trust their counsellor and to talk more about their bullying experiences. Alternatively, the counsellor may have acknowledged the young person's achievements, which led to increased self-worth.

#### **4.2.2 *Incorporates creative media.***

Eight participants found it helpful when their counsellor integrated creative media in their counselling sessions. The creative media described were diverse and varied for each participant. These were *writing poems, drawing, using art, creating a comic book, using card games, and flip charts*.

#### 4.2.2.1 Drawing.

The incorporation of creative media such as *drawing* helped participants to express their emotions and feelings associated with being bullied.

... well um doing things, writing down things and drawing things I found that a really helpful way to express how I felt ... umm just like drawing, writing simple things down, making things, like using things to express the way that I felt. (Victoria, line 23).

Creative media such as *drawing, sculpting or art*, not only helped participants to express their feelings, but it gave them a means to do so if they struggled to find the words to describe how they felt. Genie describes this below:

In particular I sort of like, the things we do because when I express myself, I generally express myself through a creative process, which could be sculpting, drawing, art or anything like that and often my counsellor will often bring in a notepad or something for me to draw on and you know explain how I feel in that way, if I'm struggling to put it into words. And actually I love doing it that way. It makes me feel, like more comfortable in doing it that way and I can express myself through the means of art, which I love to do. Art is one of my passions, so I love that way of expressing myself. (Genie, line 11)

In particular, *drawing the bullying situation* was identified as a useful aspect of counselling initiated by the counsellor. For example, Meera explained that drawing the bullying situation broke down the complexity of it, which led to understanding and clarity.

It was a creative way of showing me what was happening, ... she [the counsellor] took out some paper and drew out the situation and then she explained it step by step as it was happening. I thought that was quite good. (Line 53)

By drawing the bullying situation in steps, Meera had a visual representation, which untangled a jumbled picture in her head and led to clarity.

I think the fact that she broke it down into steps and that there was something to look at while she was doing it um made it quite helpful ... it just meant that I could see what was happening more clearly instead of this jumbled up vision in my head. She took the jumbled up and made it clear on a piece of paper. (Line 59)

Meera had further explained that when she was bullied, she could have visualized her counsellor's drawing from the counselling session and remember the feelings associated with the drawing, which helped her to control her emotions in school-related bullying situations.

For another participant, exploring a drawn *art* piece was found to be meaningful in counselling. The drawing was not a planned intervention by her counsellor, but it came into the counselling room, which opened up a discussion about Avril's bullying experiences and what it was like for her to feel different from her peers. She explains:

He got to see something that I did draw on the way that I was feeling, which kind of gave him a perspective on what was going on, and how he would approach me, of me feeling that way, cause um our approach in the past on everything was not knowing how I was feeling. (Line, 41)

The drawing opened up an explorative discussion, ‘Um, we spoke about why I was feeling that way, and ... um, it made me feel like, umm, more open-minded on my options of what to do for next time I feel that way.’ Avril stated that she felt intrigued by the exploratory work because, ‘it was like self-discovery-it made me realize something about myself. It made me more observant of myself and, um self-reliant of my actions.’

#### 4.2.2.2 *Writing poems.*

On the other hand, *writing poems* was another useful creative media identified. For Samwell, writing poems helped him to manage his angry feelings. Samwell often felt angry due to the bullying he experienced, and as a result would come home from school and displace his anger onto his mother. He stated, ‘When I used to get angry with my mum, she [the counsellor] gave me poems to write and read and they were really inspirational, and it helped me to stop feeling angry with my mum’ (line 24). He described what his counsellor suggested, ‘she will tell me to write what comes and it really did sum me up very well, it helped me to be a lot kinder and nicer to my mum’ (line 27). He further expressed the impact writing poems had on him.

When I write the poems it’s all about the bad things I have done to her [the mother], and it makes me realize that no I can’t keep on doing that, and I stopped. It didn’t just

happen like that, it took a while, but now I feel that like I'm a lot better really. (Line 28)

Thus, for Samwell the process of *writing poems* helped him to reflect on how he treated his mother, and made him aware that he wanted to change his behaviour, which he did.

#### 4.2.2.3 *Creating a comic book.*

Another unique and creative technique that was identified as helpful was *creating a comic book*. Dario's counsellor initiated the idea of creating a comic book to represent Dario's bullying experiences, as reading comic books was one of passions. He appreciated this intervention as it allowed him to think about his current situation, which made him feel calmer. In addition, the process was collaborative as both him and his counsellor worked together to create it. He stated, 'uh yeah, we started some, like uh um, I think it was like a comic book, that is based on me [okay], that is like, based on my life and things I go through at school' (line 56).

#### 4.2.2.4 *Card games.*

Two participants reported that using *card games* were beneficial to them, as they specifically focused on school-related bullying situations. These cards had bullying-related situations and different feelings, and participants were asked to match their feelings with the different situations. This technique not only helped them to identify their unconscious feelings, but also helped with remembering the feeling. For example, Sally explained, 'she basically just brought these cards in ... like one of them had an emotion on it and the other will have a scenario and you had to match them...I prefer activities as it actually sinks in better' (line 56).



When Genie was asked what specifically helped in counselling for bullying, she explained how the card games helped her to become more confident. She detailed:

Umm these pack of cards...they had different images on them like little clay men, feeling different things and um expressing how they feel, how they deal with things in different situations ... and I will separate the cards like in two little piles and then we go through why I think I am this or how I feel and why I feel this way... I think that the cards that I didn't think were me definitely are me and she was able to make me realize that and that made me feel more confident about myself. (Line 59)

Genie found the cards valuable, as it helped her to name the feelings which she was unaware of. The cards were helpful because, 'it shows how I feel inside and how I act outside' (line 63). She clarified:

... um I liked using the cards because sometimes there are some feelings which I just can't express and um often I have feelings where I don't know what they're called, so I'll just get a card and say that's how I feel right now. (Line 61)

#### *4.2.2.5 Flip charts.*

To elicit feelings, similar to the feeling cards, Sally's counsellor used a flip chart to match feelings with different bullying situations. She described, 'umm she bought in like a flip-gram sort of thing, a flip chart, uh she just looked through that, and there will be different scenarios on each one of what the person is going through' (line 138). It appeared that this technique helped Sally with problem-solving strategies in bullying situations: 'I'd just have to read them and then have to try and figure out what that person could do to be able to cope

with what's going on.' Sally found this very useful as she discovered there were many different options to solve a situation: 'It was quite helpful, just the fact that there is a choice and different solutions to sort out a problem' (line 145).

The theme 'incorporates creative media' referred to a diverse range of creative techniques used by counsellors each tailored to specific clients' needs. The creative media drawing was used in different ways for different participants, yet it elicited either the same results or sometimes different outcomes. Other creative techniques used were writing poems to help control emotions and behaviour, or card games and flip charts to help identify and process feelings in bullying-related situations

#### ***4.2.3 Teaches strategies.***

Young people reported that it was helpful when counsellors taught them *strategies* in counselling, as this helped them to cope or deal with the problems encountered from school-related bullying. Strategies in this study primarily referred to directive approaches that their counsellor taught them how to do, to cope with bullying. It was found that different strategies were highlighted as helpful, that led to similar outcomes.

##### ***4.2.3.1 Stopping and thinking.***

One participant appreciated the usefulness of the *stopping and thinking* strategy that her counsellor taught her. Meera explained that when she found herself in bullying situations she could have applied this strategy. For instance, if she was being bullied rather than retaliate she could have stopped herself, and evaluate or think about the situation she was in.

... like at times when I get annoyed umm, like just think it through, like ‘why are you feeling annoyed?’, and if you’re feeling annoyed why are you taking it out on other people [right] and then it was just like, umm basically it was just to stop and think.

what’s um well what’s going on (Meera, line 45)

Meera gave an example of how she used stopping and thinking when she was bullied.

... umm well yeah at school with the pupil , they were trying to provoke me and I don’t know how to react and then I stopped myself and I thought what’s going on and then instead of getting annoyed about the situation I just, I just got on with it. (Line 45)

She found this strategy extremely useful, as she stated, ‘I think the most helpful part is just stopping and thinking... yeah I probably would have gotten really annoyed, but instead I felt really smug, like how I can think and they can’t’ (Line 49).

#### 4.2.3.2 Assertiveness techniques.

Another strategy identified by two participants appeared to be forms of *assertiveness techniques*. These were taught in different ways by different counsellors but had similar outcomes. For Meera, this was labelled as ‘*levels of talking*’, which appeared to be a communication tool to foster assertiveness when speaking to her bullies.

There’s this one thing that she told me, like the level that you are talking, like adult-adult, child-child. There’s one more in between, but I can’t remember now, but I know the adult and child, I think it was just adult and child actually. And it’s like

when you are talking you should be at the adult level but sometime I'll move down and you should move down, so that we should stay at the same levels so that things don't get heated up. (Line 39)

The strategy described above, helped Meera to control her emotions, when she was talking to the bullies. For her, when she spoke at the adult level, opposed to the child level as the peers who bullied her, she developed more control over her emotions. Meera stated that this was another strategy that she could have added to her tool box to cope with being bullied. Meera used both strategies, '*stopping and thinking*' and '*levels of thinking*' when she stated:

It's just another thing that I can apply to my situations. I can stop and I can think, I see what's happening, I see myself move down to a childish level and I can think I got to stop this and move back up. (Line 41)

Similar, to Meera, Genie mentioned how she found it useful to have a *communication style sheet*, which taught her how to be assertive. This sheet had three styles of communication: aggressive, passive and assertive, and genie aspired to be more assertive when she was being bullied. She elucidated:

I think the first thing that comes to my mind is that she gave me a sheet of paper [mhm] which said aggressive, passive and assertive [mhm] and when I first got that sheet I was definitely more passive than anything else and I take that sheet with me everywhere. It's in my bag right now, and I take it to school and whenever I have that bullying happening I want to be assertive. I want to be able to talk to them [the

bullies], and get their opinions and they get mine, so I've used that which she gave me to my advantage. (Line 43)

#### 4.2.3.3 *Mindfulness.*

Another meaningful strategy described was *mindfulness*; however, unlike Meera and Genie who used assertiveness techniques during bullying incidents, Gilly practiced the taught strategy of mindfulness to cope with the anxiety experienced, after being bullied. She indicated, 'He'll like teach me ways, to like not like continuously, kind of like think about stuff that might worry or stress me out, like mindfulness, like noticing but not thinking' (line 21). She explained how mindfulness was incorporated in the counselling session.

He like sometimes with Mindfulness he would like take me around the school or just like if like another mindfulness tactic, we would stay in his room and look out the window and see what we could see or if there is anything different from the last time or appeared a second time. (Line 47)

Gilly found that mindfulness was helpful as she used it mostly after she experienced verbal bullying. Her counsellor also gave her psychoeducation on how the brain works, so that she could have understand how mindfulness works: 'he told me like how the brain works, what it can only do like one thing at a time so if I notice stuff then I like kind of don't have to think about what they said' (line 37).

#### 4.2.3.4 *Ripping and burning paper.*

For one participant, it was helpful when her counsellor introduced her to the *ripping and burning* technique. This participant experienced suicide ideation due to constant

physical and verbal bullying, and as such had written a number of suicide letters to her loved one. Although, this technique was not taught by the counsellor and possibly may be a suggestion, it was clustered under the theme of strategies as it was a practical aspect that Arya was introduced to and could have used at any time.

I had a plan and brought it in basically it was all my suicide letters to everyone, to my mum, my grandad, to all my friends. I had them signed I had bought stamps for them. I had what I was going to do umm and she made me rip it up and burn it. She had me burn all the letters. (Line 134)

Arya detailed what occurred, 'yeah outside is where we burned it, ripped it up, ripped up the plan and burn the letters and it was just a release' (Line 136). She disclosed the impact of this for her, 'it was emotional, I cried a lot, um but it was a release, I could get rid of it and I wasn't at risk anymore' (Line 138). Moreover, the act of ripping and burning had a symbolic meaning, which had a powerful physical and emotional effect on her. She described:

It was like everything was tensing up, and my chest, well while I brought it up my chest was getting tighter, and tighter and tighter and when I burnt it the feelings will go away and the problems will go away and it just made me relaxed and I was like they're gone now, they're burnt. It was like if you burn something it can't get back to its original form. It's gone. If it's something bad, and you burn it, it's gone so you can get something else. (Line 140)

Young people in this study identified a number of helpful strategies that their counsellor either taught or suggested to them. The four main strategies reported included: stopping and thinking, assertiveness techniques, mindfulness or ripping and burning paper. Such strategies

either helped participants during bullying-related incidents or assisted them after with the consequences of bullying, such as mindfulness for anxiety, or ripping and burning suicide letters due to suicide ideation.

#### **4.2.4 Offers advice.**

The theme ‘teaches strategies, differs from ‘offers advice’. When the counsellor offers advice for bullying it is more of a direct suggestion or guidance that the young person can choose whether or not to follow, to prevent further bullying. Thus, the young person does not have to learn how to do the advice, as it is simply offered by the counsellor. Some of the advice or suggestions included: *telling someone, ignoring the bullying, and doing practical things*. Seven participants appreciated the offered advice from their counsellors. Genie nicely explained what the theme ‘offers advice’ meant.

... if I was having a problem at school or anything like that, the way that they don't tell you, you have to do something, they don't tell you that you have to go tell a teacher, they don't tell you that you have to do this, they give you guidance and advice on what you need to do and for me it's a lot better, cause it's not like I am being ordered to do something. And it's like I am able to accept that advice without having to be forced to. (Line 19)

On the other hand, Meera expressed trust in her counsellor's advice, because she said, ‘just like, cause obviously she's a lot older than me and like she's more mature, and cause I know it's going to be good advice, I wouldn't be here if I was going to get bad advice (line 23). Similar to Meera, Genie did not specify the advice offered to her, but she expressed appreciation when she emphasized how she applied the advice in bullying situations.

Umm specifically with bullying, ... I guess with the advice they give, not telling you, I know I like said this before but it's like not telling you like how to do something and it's like I am able to take that advice and use it in my own way and when I use that like during the bullying situations I'm able to cope with what's happening right now, and it's like this advice to me is this and when I use that it helps with what's going on, and I'm able to take that and use it and go do what I need to do to sort out the bullying or what's happening. (Line 79)

#### 4.2.4.1 *Telling someone.*

Three participants appreciated when their counsellor advised them to *tell someone* that they trusted. For instance, Samwell had built up the courage to tell the child protection team at his school about the bullying, as his community-based counsellor had suggested that he tell someone at the school.

Well she, she gave me advice, like, telling other people, not just your counsellor, because they can't really do much [right], but tell, tell like your teachers and stuff, and I, I manged today actually to get the confidence to tell child protection what they were doing. And now, they've been suspended from the school. (Line 18)

Furthermore, Avril's school-based counsellor took a step further and informed her on which teaches at her school she can trust to disclose the bullying to, when it occurred.

...umm he said that, if anyone started to bully me, I'd go and tell someone that I trust.

Umm ... like some of the teachers in the school. Umm I guess that liked helped a



little bit, umm but I was like unsure of what teachers I can speak to [yeah]. Umm he gave me some ideas of some of the teachers and um that helped, cause now I know that I can go to them. (Line 59)

#### 4.2.4.2 *Ignoring the bully.*

Another useful suggestion offered by counsellors was *ignoring the bully*. When Dario was asked to give an example of his counsellor's advice he stated: 'uh, um, one was like ignoring people, so if someone is trying to annoy me, I will ignore them or I just say 'okay', so that it annoys them and they leave me' (line 32). On the other hand, Arya's counsellor explained how ignoring the bully may be helpful.

My counsellor suggested to not pay attention of what they are saying. She said if I don't pay attention to what they are saying then like I won't know what they are saying so it won't be able to affect me because I won't know what it is, yeah so if I don't listen to what they want me to change about myself then I can't change anything. Because she said, 'find things that are better for you to do instead of listening to what they have to say about you' [yeah] and um I had that on a canvas on a wall in my bedroom. (Line 72)

#### 4.2.4.3 *Doing practical things.*

Two participants identified that it was helpful when their counsellors suggested that they *do practical things* to either help them distract their mind from the bullying or to let out their feelings from being bullied. For instance, Arya's counsellor identified her passions and interests and suggested that she think of a dance routine or cross ball challenges as Arya

enjoyed such physical activities. Such suggestions helped her to distract her mind from the bullying, which deterred her from retaliating.

She gives me things to do, so like if I'm getting angry she gave me some breathing exercises to do. She gave me some pointers, like write things down, make up a new dance um, do some cross ball challenges, things like that just to take my mind off them or get my anger out instead of retaliating. Because if I retaliated it taunts the bully and that's not what she wanted at all, so she said I was to count. (Line 64)

Whereas, Victoria's counsellor suggested that she write down what bothered her and then throw the paper away. Victoria appeared to be more introspective and reflective; as such it may be that her counsellor made a suggestion that aligns with Victoria's temperament.

He gives you things to like help you, like yeah, just simple things like tell you to write things down, and then just put them away, just leave them, or write it down, and then throw it away, simple things like that. (Line 53)

From this study, it appeared that three different kinds of advice or suggestions were made by counsellors to help young people with their school-related bullying. The advice or suggestions made include telling someone that they trust, ignoring the bully, or doing something practical to take their mind off the bullying.

#### **4.2.5 Creates safety.**

Half of the participants noted the importance of their counsellor *creating safety* in their counselling. There were many different aspects involved to create safety, and one of

these was *confidentiality*. For example, Genie found counselling helpful due to the confidential nature of the service. She stated, 'I would say that counselling here it's really good because you're able to like know that it is confidential, it's not going anywhere' (Line 3). She then explained that she was only able to trust her counsellor by knowing that the counselling was confidential.

In the beginning, I did restrict myself a lot, because it's like I find it hard to trust someone but again it helped knowing that it's confidential it did help me out a lot, but it's like I pushed back a lot of information because I was very scared, it was one of my first sessions [mhm] and it's like I don't know exactly what I need or want to say. (Line 95)

Overall Genie felt safe having counselling for bullying, when she stated, 'it's really good, it's secure and I would say that the overall experience has been amazing because I feel safe somewhere and I know I can talk' (Line 7). Similarly, Avril's associated confidentiality with feeling safe in counselling: 'yeah it made me um feel safe that well like if I was going to say something to him, it wasn't going to be like said to anyone else' (Line 77). Moreover, when Avril was asked about what made her feel safe in counselling, she made reference to the counselling contract which also included issues regarding confidentiality.

Him saying what his job was and what he was there to do, and what if uh he was going to say something he'd ask for my permission or and saying that he wouldn't say, like um everything else I had said in the room will stay in the room. (Line 75)

Likewise, Arya described a general feeling of safety in her counselling for school-related bullying.

I just feel safe, it's hard to explain, like how they work here with me ... so I know I'm safe like that, I know everything is confidential here ... it's just safe and there's no out to hurt you here, they are all out to help you. (Line 24)

Participants seemed to have associated confidentiality with feeling safe in counselling. This appeared to be a significant aspect for them as it helped them to trust their counsellor.

#### **4.3 Helpful client activities in counselling**

Helpful client activities are those aspects of counselling that referred to what young people did that contributed to the counselling process. Six themes were found, which are highlighted in Table 4.

Table 4

*Helpful client activities.*

Helpful Client Activities	Number of Participants
<b>Trusting</b>	9
<i>Building trust</i>	
<i>Perceiving trust to disclose bullying</i>	
<i>Trusting counsellor's advice and strategies</i>	
<b>Talking</b>	7
<b>Opening up and Being Honest</b>	7
<b>Remembering and applying techniques</b>	6
<b>Expressing emotions</b>	5
<b>Developing a bond/connection</b>	3

#### 4.3.1 *Trusting.*

Nine participants identified that it was helpful in counselling when they trusted their counsellor. This was an important aspect of counselling, as these young people felt unsafe and fearful due to school-related bullying. It appeared that having trust occurred in a three stage process. This meant, (1) building trust, (2) perceiving trust to disclose bullying, and (3) trusting the counsellor's advice and strategies.

##### 4.3.1.1 *Building trust.*

The process of *building trust* was described as getting to know the counsellor and the counsellor getting to know the client. For example, Victoria stated: 'I got to know him, and he got to know me, I just sort of learn, after a period of time I sort of learn how to trust him ... just by getting to know him trust builds up' (line 37). For her, having trust facilitated the process of feeling safe, 'it's just basically like when you learn to trust someone, it's like it just sort of comes with safety' (line 45). Conversely, Arya built trust by testing her counsellor. She described:

I would tell her little things, like it was a past event to almost test her to see if it will get out and then after a month nothing got out so I started telling her more bigger things, bigger things going on at school with the bullies and then I realized I could trust her. (Line 42)

However, for Arya building trust was a process that took time, which required the counsellor to understand.

It takes a long time for me to trust someone, it takes me a long time to let them know everything [yeah] and it took me like a month and a half, but she was just really understanding so I trusted her. It took me longer with the other counsellor at school because I didn't trust her. (Line 40)

Therefore, the process of building trust occurred in two different ways. For one participant it was about getting to know the counsellor, whereas for another participant it was about testing the counsellor to see if she betrayed her trust.

#### *4.3.1.2 Perceiving trust to disclose bullying.*

Young people often reported that only when they trusted their counsellor did they disclose that they were being bullied. Therefore, it may be that young people had to perceive trust first, before disclosing the school-related bullying.

If I was given a situation about, say, like bullying in particular, it's, like, I won't give all that information on that person because I'm scared that they're going to find out and they're going to come for me and they're going to talk to me about it, 'I know

what you've said, I know you've done this and talked about me in counselling,' and it's, like, I was scared that was going to happen. But it's, like- it's just a matter of trust, and I was able to trust after two or three sessions, it's not that hard to trust them. (Genie, line 97)

... uum when I first started getting bullied, and I started here like, uh, the bullies always used to tell me, if I were to tell anyone more things will happen, but since I've been coming here and I've been able to get it off my chest, I've kind of felt more safe knowing that someone is actually there to help me. (Sally, line 2)

Avril explained what it meant for her to trust her counsellor, 'because um if I trust him, I'd be able to tell him what was wrong and what was going on, cause if I didn't him then I wouldn't have said anything and um nothing would've got done' (line 73).

#### *4.3.1.3 Trusting counsellor's advice and strategies.*

When the participants disclosed bullying to their counsellors, sometimes the counsellors offered advice for bullying. Meera trusted her counsellor's advice because she felt that her counsellor was experienced: 'she's a lot older than me and like she's more mature ... cause I know it's going to be good advice, I wouldn't be here if I was going to get bad advice' (line 23).

#### **4.3.2 Talking.**

Seven participants found the activity of talking itself useful in their counselling for school-related bullying. In particular, one participant identified that it was helpful when she talked about her past or childhood, as her counsellor was trained in psychodynamic

psychotherapy. By talking about her past, she remembered past feelings; feelings that she had previously forgotten. She described, ‘by talking about my past ... it was deep into detail of my past, umm, some of it was sketchy, like not for the counsellor but like for me, like going through the past and stuff’ (Avril, line 8). Avril explained that by *talking about her past* she became aware of her feelings and by this, she was able to become more sociable and strengthen friendships, which reduced bullying.

Participants explained the different ways in which talking in counselling was helpful for them. For different clients there were different outcomes, for instance it either helped them to *get it off their chest, recall feelings* or *express emotions*. Thus, talking was helpful in different ways for different clients. One participant identified that talking helped him to *get it off his chest*, which led him to feel relieved and happy: ‘well, um I suppose, well it is really that I’m getting it off my chest; I’m not bottling it up ..., I just felt so relieved and happy’ (Samwell, line 71). For another participant, talking helped her to speak more articulately and remember how she felt in certain bullying situations.

When I talk it’s like feelings that I didn’t know were there just come up and it’s like I feel this way and then I remember I will feel this way too and it just comes to be about how I feel and it’s like finding myself in a way I guess, and it’s aided me with speaking and with memory actually, like being able to remember how I feel in certain situations. (Genie, line 77)

Moreover, the simple process of talking in counselling was helpful as it gave participants space to talk and express how they felt about being bullied. Victoria stated, ‘just how everything was and how I felt about it, that I was upset that the bullying was happening and I just got to sort of say how I felt really, my emotions’ (line 67).



#### **4.3.3 *Opening up and being honest.***

Seven participants reported that *opening up and being honest* in counselling was helpful for them. Compared to other people, Sally felt she could not open up to others or be completely honest with them, however with her counsellor she can. She stated:

Just that I opened up to her ...when I am not in counselling I can't be 100% honest with people whether I will upset them or hurt them, but when I come here I can just say it how it is...umm I've been honest in all my times I've been here.... I've been 100% honest throughout the whole time. (Sally, line 114)

Similarly, with other people Meera would omit details or change parts of her story, however, with her counsellor she could have been honest as she knew her counsellor could tolerate or hold what she has to say without overreacting. Thus, Meera could be honest in her counselling as she does not have to take responsibility for her counsellor's feelings.

Umm to help myself umm, in other situations I would have changed it a bit, or like left out a few parts, but here I've just been very honest and that's not something I always do. I always hide parts, you know, people that I'm telling may over-react or they won't be able handle it. But here I feel I can say it and she won't just explode. (Meera, line 101)

It was also found that if a young person can open up to their counsellor, then they may be able to open up to other people as well. For instance, Arya explained: 'so I'll open up to the counsellor and then decide if this was worthy enough to open up to other people' (line 201).

#### **4.3.4 *Remembering and applying techniques.***

It was helpful for six participants when they not only remembered their counsellor's advice and strategies, but applied these in bullying situations. Furthermore, participants reported that they mostly remembered the activities in counselling when their counsellor incorporated creativity in the sessions, opposed to only talking. Sally described this as: 'I prefer activities as it actually sinks in better' (line 56). She further described how she remembered the activities done with her counsellor to cope with bullying.

Umm basically, whenever we did the activity together I could just memorize and look back on the activity. It'll be there in meh head, but if I'm talking then it doesn't really stay in meh head ... it allows meh brain to keep it there and remember what's happened in that session. (Line 60)

Similarly, when Meera's counsellor drew her bullying situations in the counselling, Meera visualized and remembered what her counsellor did to know how to respond when being bullied. She explained, 'it just meant that I could see what was happening more clearly instead of this jumbled up vision in my head. She took the jumbled up and made it clear on a piece of paper' (line 59). She reiterated:

I think it's more that I can just visualize it, cause you know when you're talking it's just words being thrown about but this was, I can see it and I can see how I can apply it instead of, umm I don't know, I think it's about just being able to see something and place my attention in one place. (Line 65)

Meera further illustrated that when being bullied, she reflected on the drawn out bullying scenarios that her counsellor drew from the counselling session, ‘so instead of looking at how she [the bully] was going to react to what I was saying, I was looking at the piece of paper, and I was thinking how they will react and how I will react’ (line 67). In this way, Meera applied what her counsellor had drawn in the counselling session to control her behaviour. Likewise, Genie practised the assertiveness technique outside of the counselling sessions by reading and re-reading the sheet of paper her counsellor had given her in her counselling.

Well um we don’t always use it in the sessions, but definitely when it comes to bullying, because I get a bus to school, I will often take it out on the bus and read through the assertive bit ...with that sheet in particular, it’s like I’ll read through it and she’ll tell me like you see yourself in the passive group and she will talk about how I can be more assertive, if I want to be assertive ... (Line 51)

#### **4.3.5 *Expressing emotions.***

Another helpful aspect of counselling highlighted by five participants was the freedom to express their emotions. Expressing emotions was facilitated by the counsellor’s non-judgemental attitude and the incorporation of creative media. Victoria expressed, ‘like using things to express the way that I felt ... it’s a nice feeling, basically you can put out all your feeling that you want and no one is going to judge you’ (line 83). Not only did the use of creative media facilitated freedom to express emotions, but also by simply talking about the bullying also helped led to freedom of emotions. Arya conveyed, ‘It was emotional, I cried a lot, I broke down’ (line 142). Whereas, Sally divulged:

We were having a conversation on one of the days and we had hit a touchy bit, and I was just able, I cried and I was able to get that out, like normally I'll get quite conscious if I cry in front of people but I felt like I was alright. (Sally, line 100)

In contrast, when Avril talked about her past, it elicited past feelings and emotions.

It basically brought a lot of my emotions back to me, like not being able to speak about my emotions for like years, like I haven't shown any emotions, I've never shown happy, sad, upset, angry, I've just been plain [yeah] but speaking about that [the past] made me change ... (Line 39)

However, to summarize this theme Genie metaphorically described it as a release of a prison of emotions, when she exclaimed:

Umm being able to feel that I can let it [feelings] out. So as if like there is a prison with all my emotions and I have the key but then it's like she [the counsellor] persuades me to unlock them, cause I feel like so restricted, like I can't let them out ... and she help me be able to unlock my emotions (Genie, line 129)

#### **4.3.6 *Developing a bond/connection.***

Three participants found that it was helpful in counselling when they had a bond or connection with their counsellor. For Samwell, having a connection meant that it was easier to talk about his bullying issues and be honest about how he felt. He explained:

I feel that me and Mxxxxx [the counsellor] have a sort of connection, which makes it a lot easier to tell her about my struggles and problems. It allowed me to tell her exactly how I was feeling, all the troubles that I was facing. (Samwell, line 43)

He emphasised the importance of having a connection with his counsellor:

... because if you go to a counselling session and you don't get on with her, you are not going to feel able to tell them your problems and you are never going to get your achieved results. So you really do need that connection. (Samwell, line 47)

In contrast, Sally described the relationship as a 'trust-bond': 'It's just the way she was with me, like the way, like we built that trust bond' (line 90). Similar to Samwell's connection relationship she stated, 'now that me and my counsellor has that trust-bond relationship I could just tell her and she can just understand me and then she will be able to tell me where to go from there, so she'll guide me' (line 106). On the other hand, Genie did not use the words 'trust-bond' or 'connection' in her narrative, however, she gave an analogy, which encapsulated the theme, 'developing a bond/connection' in counselling for bullying.

I guess if I was to think of it in any way, it's like if you're going to meet a friend for coffee and you're chatting about your life and how things have gone [mhm] and it's not like they're going to bail out on you or anything like that. (Genie, line 41)

#### **4.4 Change processes in counselling**

Four change processes were identified in counselling for young people following school-related bullying. These were labelled as feeling safe, growing in confidence, working together and clearing minds. The change processes highlighted in this study are not causal links that point towards ultimate outcomes. Rather, they suggest that there is *likelihood, or a probability* that some aspect of the counsellor or client may lead to a therapeutic process, that results in a positive change. Thus, the findings reported here are tentative initial indications, rather than trends or patterns that we can be certain of. As such, these change processes are the processes by which counselling for school-related bullying brings about change.

#### **4.4.1 *Feeling safe.***

The process of *feeling safe* was a frequently mentioned change process with seven participants. This change process was marked by the following narratives:

‘it was my safe place ... so if I wasn’t feeling safe at home, or safe at school because of the bullies I would come here and no one will be able to get me here, I’m safe here’  
(Arya, line 18)

‘I’m safe cause I know that the bullies can’t hurt me anymore’ (Sally, line 173).

‘I can happily talk about my bullying and it doesn’t scare me or frighten me in any way’ (Samwell, line 137)

‘being able to tell someone what’s happening, because before, definitely I won’t be able to say what’s happening....before I wasn’t able to do that, I felt too scared to give information about the bullying ...’ (Genie, line 109)

Participants engaging in counselling following school-related bullying had highlighted two helpful counsellor aspects, which seemed to be fundamental in creating a *feeling of safety*. It was found that *confidentiality* led to the process of *feelings safe*. For instance, Avril expressed: “I guess for me, I didn’t do anything before, because I was literally too scared, but then going to counselling, and knowing it is confidential, I felt that um, what I say would be safe with him [the counsellor]” (line 79). Hence, it may appear that *confidentiality* alone lead to the process of feeling safe. However, it was also found that both *confidentiality* and the counsellor’s *non-judgemental attitude*, contributed to the process of feeling safe. For example, Victoria stated: ‘It’s a safe place, cause, I know I can say something and I know, I’m not gonna get judged, I can say stuff that no one else is gonna know’ (line 87). Therefore, the counsellor’s *non-judgemental attitude* and *confidentiality* appeared to have a direct impact on the process of feeling safe.

The process of *feeling safe* in turn led to different positive outcomes depending on the individual client such as *less worry*, *increased confidence*, and *self-acceptance*. For Samwell, feeling safe led to feeling *less worried*: “so I just, I just totally forgot about the past and not worry about it and just move on, knowing that I am safe’ (line 4). In addition, the process of feeling safe for Samwell also led to *increased confidence*: ‘Well, it made me feel a more confident person, knowing that, that I don’t have anything to be afraid off’ (line 67). Similar to Samwell, Genie also felt *less worried* through the process of *feeling safe*, when she stated: ‘it just meant that I had finally found someone I can feel safe with and not have to worry about the bullies knowing that I spoke about what they have done’. However, unlike Samwell, the process of *feeling safe* led to a different positive outcome, which was *self-acceptance*. Genie expressed: ‘I’m able to wear this hairstyle and not be scared that someone’s gonna judge me for that and I can wear my natural hair and it just makes me feel

so much better...(line 123). Her self-acceptance then led her to *feel better*. The process model for feeling safe is depicted below in Figure 2.

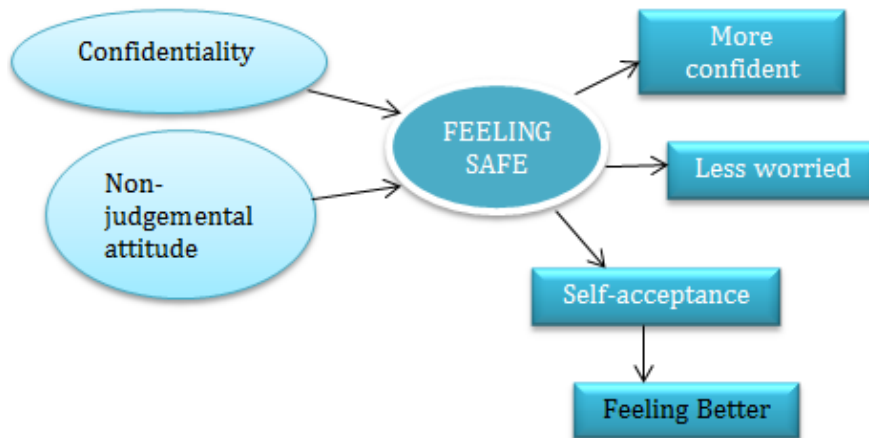


Figure 2: Feeling safe.

From participants' descriptions, the process of feeling safe seemed to have acted as a precursor to feeling less worried, more confident and greater self-acceptance, which for one participant led to *feeling better*. The evidence also seemed to suggest that counsellors contributed to the process of feeling safe by keeping confidentiality and being non-judgemental.

#### 4.4.2 *Growing in confidence.*

Although previous studies reported increased confidence as a positive change outcome, in this study it appeared as though six participants experienced a process of *growing in confidence*, which predominantly led to becoming *more social*, as well as *feeling happy*. The process of growing in confidence is encapsulated by the following narrative:



‘It’s not like straight away; I felt that they [counsellor] helped me realized little by little. So you go from this feeling, like maybe just a little bit of confidence, move on to happiness, happiness onto a bigger part of confidence ...’ (Genie, line 131).

There appeared to be two helpful counsellor activities that facilitated this change process, which were the counsellor’s use of *creative media* and the *counsellor teaching a strategy*. For Genie, her counsellor’s incorporation of creative media, particularly the *card games*, seemed to have had a direct relationship with becoming more confident. She explained that the cards helped her to become more aware of different parts of her self, which led her to feel more confident.

I think definitely in how I used those cards, I think that the cards that I didn’t think were me definitely are me and she [the counsellor] was able to make me realize that and that made me feel more confident about myself. (Genie, line 59)

For Genie, it seemed as though growing in confidence was a precursor to *feeling happier*. She stated: ‘it’s like it’s made me able to find more confident parts, and happier parts, and positive parts of myself, that would just burst out, and again it made me feel so much happier’ (line 50); ‘I felt so negative and then being able to build up and be more confident, it’s made me feel so much happier in my life’ (Genie, line 123). Therefore, the process of growing in confidence seemed to have led to the positive outcome of *feeling happier*. This is depicted in Figure 3 along with other positive change outcomes.

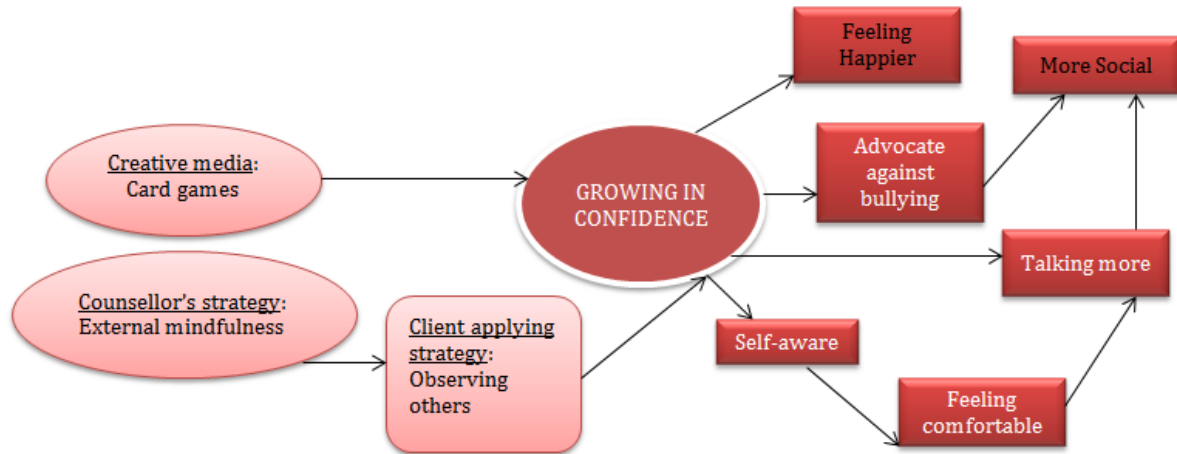


Figure 3: Growing in confidence.

From the diagram above, it can be seen that for another participant, it was helpful when the client applied the *strategy of external mindfulness* to her bullying, as this also led to confidence, but in a different way. Gilly became more confident when she began to observe others through external mindfulness: ‘I was more observant of people, and um, which helped me to um, get more confidence to be able to speak to people’ (line 141). Becoming more confident, encouraged her to *talk more* and become *more social*. Likewise to Gilly, Arya also began to *talk more*, and became *more social*. She stated: ‘yeah also my confidence boosted up, like not a lot, but a little so I can talk more now (line 114); ‘With confidence I became a really good speaker, yeah, I’m just a more outgoing person. I changed liked dramatically from where I was, I used to not just talk at all (line, 195).

Interestingly, it was found that the change outcome, ‘more social’ occurred for different clients, in different ways through the same process of *growing in confidence*. For instance, through *confidence*, Avril became more *self-aware*, which led to *feeling comfortable with others*. She stated: ‘having more confidence made me realize that um what was going on from inside, which made me more comfortable around other students’ (line,

137). By becoming comfortable with her peers she began talking to them more, which led to becoming more social. She described:

I used to be like terrible, like I never used to speak to no one, I used to uh walk on my own I didn't even used to look at anyone, just like do my work, and then I got more comfortable around people and then I started speaking to some, and uh, realizing that uh that it's good, it's nice to speak to someone in class and stuff. (Line 139)

Yet, for other participants, growing in confidence led them to become *advocates against bullying*, which in a different way they also became *more social*. For example, Arya stated: 'umm I just felt more confident to do stuff and make people more aware of bullying and things and putting myself a bit out there a bit more' (line, 175). Likewise, Samwell expressed his desire to advocate against bullying, by becoming a role model:

I think it's good for me to talk, I suppose as a role model for other young people so that they can see that there is light at the end of tunnel. Just to hang in there and that you will get there eventually. (Line 137)

From the findings above, it is apparent that specific counsellor activities such as *card games* and *mindfulness*, leads to the process of *growing in confidence*. This was a pivotal process of change for young people who have been bullied, particularly for Arya as it saved her life. When asked what she wanted in her counselling following school-related bullying she stated: **'someone who's gonna boost their uh, confidence um, and just make them feel better about themselves, because if my counsellor didn't make me feel better about myself I wouldn't be here today, I would have died a long time ago'** (line 203).

Therefore, growing in confidence is fundamental in counselling, and in some instances, this had a direct relationship on the emotional state of the young person, as they became *happier* with confidence. However, for many others growing in confidence led to becoming *more social*, and this occurred in different ways for different clients.

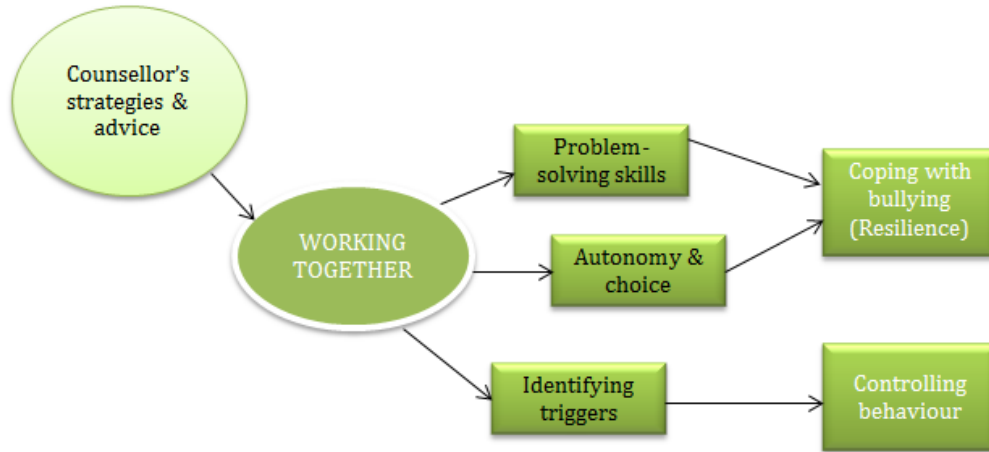
#### **4.4.3 Working together.**

The change process of clients and counsellors *working together* in counselling was identified by five participants. This change process was represented by words such as ‘we’, ‘working together’, and ‘team’. It signified a joint-effort; something created together, rather than impinged on the young person. For instance, Victoria stated, ‘we would talk about things together, put things together, coming up to like, conclusions on things’ (line43). The following extract encompasses a participant’s experience of the process of working together:

It’s a team effort for me, cause it’s definitely things that I need to be able to do because I’m the one dealing with the bullying, but it was things that my counsellor was able to say, and help me out with, because otherwise I will not know what to do. It’s like we’re working in a team. (Genie, line 113)

Participants spoke about the helpfulness of their counsellors *teaching strategies* and *offering advice* in counselling, however, they felt that this was always done through collaboration. Through the process of working together, clients and their counsellors jointly or collaboratively discussed solutions and options to their bullying-related problems. Thus, this change process led to *problem-solving skills*. For example, Victoria explained: ‘if we had a problem and we came up with strategies, to sort of like get around it and look at the problem and find different ways’ (line 93). Likewise, Arya reported: ‘my counsellor and me

working together, helped with developing ways to get over every obstacle' (line 173). Thus, it appeared as though through the process of working together, participants enhanced their problem-solving skills, to *cope with bullying*. This is seen in Figure 4.



**Figure 4:** Working together.

Apart from problem-solving, participants felt that they were able to make their own decisions about whether to act on the *advice and strategies* developed in counselling sessions, after working together with their counsellor. Therefore, they had feelings of *autonomy and choice*. For instance, Meera stated: 'I'm able to take that advice and use it in my own way' (line 142). Similarly, Genie explained that by having the *assertiveness technique* for bullying, she felt she had choice and autonomy, whether to be more assertive or passive in bullying situations.

It's like, I'll be able to be more passive or assertive in different ways, and we'll use that in sessions, so that way I will sort of understand the options I have, of what I need to do ... what I need to do to help towards the bullying. (Line 51)

However, it was further found that by developing *autonomy*, participants were then able to deal or *cope with the bullying* on their own. They did not have to depend on their counsellor or someone else to help them: ‘I can deal with these problems without other people getting involved (Avril, line 20); ‘like instead of it being this big thing where everyone has to be involved, like I can deal with it myself and that I am capable of dealing with it by myself’ (Meera, line 113). Therefore, counsellors and clients *worked together* on exploring the various *strategies and advice*, and this gave clients a sense of *autonomy*, which led to *coping with bullying* or *becoming resilient*.

As such, working together led to participants retaining a sense of *autonomy and choice* in all that happened during their sessions. This included the importance of being in control of, and having a *choice over*, what information was shared outside of the counselling sessions to other people. This is illustrated with the following examples below:

She’ll [the counsellor] say I need to go tell my manager about this and I’ll say ok, or I’ll deny it and she’ll say ok, how do you want to go about this, so it doesn’t make me feel you are in danger, and then we’ll will discuss it. (Arya, line 42)

umm uh he [the counsellor] sat me in a room with my progress leader, and he told him; not like the important stuff like what I was telling him about, it was like the stuff that needed to come to the surface. Um he asked for my permission, I was in the room, while they were talking so that I could clarify or say if had said something wrong but um he told him, like my progress leader, and so that I won’t have to speak to him ... he kept it in a way that would help me. (Avril, line 53)

Furthermore, participants reported that by *working together* with their counsellor, they *identified triggers*, and this in turn helped them to *control their behaviour*, by walking away from the bullying. For example, Arya explained: ‘I learnt how different situations can spark me, so I feel when certain situations are coming up, I knew when to leave that situation, to leave that conversation, so I wasn’t in that atmosphere anymore’ (line 185). Likewise, Meera explained: ‘I can take myself out of that situation, overlook it and see what is the best possible thing is, rather than just acting really fast, like not acting without thinking, rather I can step back and think’ (line 169).

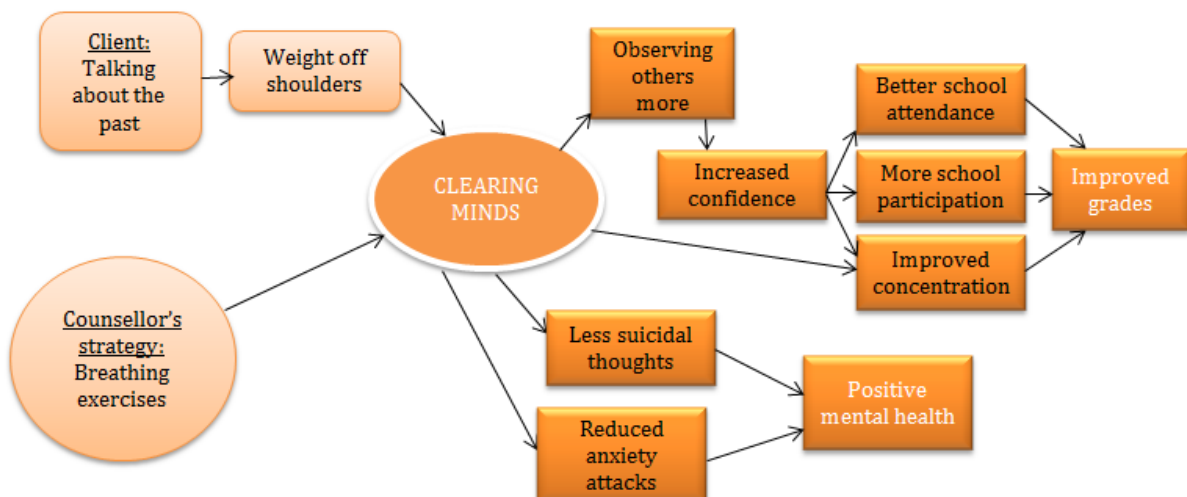
From participants’ descriptions, it seemed as though counsellor’s strategies and advice were not impinged upon clients, but rather counsellors and clients *worked together* and explored these. This in turn led to either *problem-solving skills* or *autonomy and choice*, which may have led to *coping with bullying*, i.e. becoming resilient. However, working together also helped participants to *identify triggers*, which directly led to changing or *controlling behaviour*.

#### **4.4.4 Clearing minds.**

For two participants, the change process of *clearing the mind* appeared to have led to either different positive outcomes or the same positive outcome, but in different ways. For one participant it was helpful in counselling to *talk about her past*. Avril explained: ‘taking the weight off my shoulders, my mind was more clear, and um and I was more observant of people, and um which helped me to get more confidence’ (line 141). Therefore, for Avril by *talking about her past*, a *weight was off her shoulders*, which led to *clearing her mind*; consequently, she became *more observant* of others, which led to *increased confidence*. However, Avril’s process does not end there, as with *increased confidence* there were a number of behavioural changes in school, which led to *improved grades*. Some of these

behavioural changes include: *increased school attendance, more school participation and better concentration*. Avril explained:

... and there is confidence, like I look forward more to going to school ... it made me more like looking forward to like learning something, because like I used to not look forward to my learning at all, but um I was like, now I'm like I put my hand up more to answer questions and it's pushed me forward in my grades because when I looked forward to my lessons it made me able to concentrate more in those lessons and to get high marks in my tests. (Line 149)



**Figure 5:** Clearing minds.

Similar to Avril, Arya also experienced the same positive outcome, *improved grades*, but in a different way. Talking about the past had helped Avril clear her mind, however, for Arya by applying the strategy or technique, *breathing exercises* helped her to *clear her mind*. Arya explained:



She gives me things to do, so like if I'm getting angry, she gave me some breathing exercises to do...just to take my mind off them, instead of retaliating. Because, if I retaliated, it taunts the bully, and that's not what she wanted at all, so she said I was to count and breathe. (Line 64)

Once Arya's mind was cleared, she could have then focused her attention on exams and tests, and her concentration at school increased.

umm it helped, it wasn't always on my mind, it could be pushed back in my mind but I knew someone knew about it and it will get sorted, so I could put more effort towards something else like tests or my exams or school work ... and my concentration at school increased. (Line 153)

Moreover, the process of *clearing minds*, led to *reduced anxiety attacks* and *less suicidal thoughts* for Arya: 'so if it happens I can get it off my mind, it's not so much in my mind anymore so I can deal with it and I won't have an anxiety attack' (line 22); 'I feel like sometimes I don't belong anywhere, which is one suicidal thought, but here [the counselling] I don't feel to, it really gets it off my mind' (line 54). In relation to *less suicidal thoughts*, Arya shared her experience of what it is like when her mind is not cleared: 'it [the bullying] kept building up in my head, I couldn't forget about it, I couldn't move on and I started to have suicidal thoughts and things' (line 16). Therefore, through talking or using breathing exercises, her mind was cleared, which led to lessening suicidal thoughts. The evidence above seemed to suggest that either breathing exercises or talking may lead to the process of clearing minds. This change process can either have two different impacts, that is, improved behavioural changes in school or positive mental health.

#### 4.5 Unhelpful aspects of counselling

Seven participants reported unhelpful aspects of counselling following school-related bullying. For specificity, these were divided into *unhelpful counsellor activities* and *unhelpful client activities*. In this study, there were only three unhelpful client activities mentioned. However, there were six unhelpful counsellor activities, identified by different clients. Furthermore, these unhelpful counsellor activities primarily were related to previous counsellors, and not counsellors who had helped with school-related bullying.

Table 5

*Unhelpful aspects of counselling.*

Unhelpful Aspects of Counselling	Number of Participants
<i>Unhelpful counsellor activities</i>	
Being rude	3
Lack of relational skills	2
Breaching confidentiality	2
Advice: ignore the bully	1
Not enough space	1
Insufficient creativity	1
<i>Unhelpful client activities</i>	
Not opening up or being honest	2
Missed sessions	2
No bond/connection with counsellor	1

##### 4.5.1 Unhelpful

*counsellor activities.*

There were few to no unhelpful counsellor activities with present counsellors. As such, the following unhelpful counsellor activities are primarily related to previous counsellors, and not the counsellors providing counselling for school-related bullying.

#### 4.5.1.1 *Being rude.*

Three participants stated that their previous counsellor was rude to them, and because of this they stopped attending those counselling sessions. The following are examples of this: ‘She was very, very, very rude, very cocky, she really didn’t understand what the role is of a counsellor’ (Samwell, line 131); She was just so rude; she will just like, give blunt replies’ (Sally, line 24). Likewise, Arya illustrated how her previous counsellor was rude to her: ‘and sometimes she’ll sit there and be texting, like I’ll put my phone and iPad away, I’ll turn them off, like I could sit there texting, I could sit here texting now but like it’s just rude’ (line 92).

#### 4.5.1.2 *Lack of relational skills.*

The second most commonly reported unhelpful activity was the counsellor’s lack of relational skills. Sally expressed that she *felt judged*, based on her counsellor’s body language. She stated: ‘the way they just sat there, with her arms folded and it just looked like she wasn’t really paying any attention to when I am speaking’ (Sally, line 20). For another participant, Arya perceived that her previous counsellor was *uninterested* in her: ‘like with my other counsellor she will do stuff like, play with things, or look at other cases, or rip up paper when they don’t really need to and it put me off’ (Arya, line 50). She also felt that her counsellor *did not care* about her safety or well-being: ‘I’ll tell her someone pushed me into the lockers today I really hurt my head and she’ll be like, ‘oh don’t worry’ and carry on. She’ll tell me like I shouldn’t be feeling a certain way because it’s not worth it’ (line 90). Therefore, it was unhelpful in counselling when the counsellor appeared to be *judgemental*, *uninterested* and *uncaring*.

#### 4.5.1.3 *Breaching confidentiality.*

Two participants identified that it was unhelpful when their counsellors *breached confidentiality*. Arya reported, ‘Everything that I would say all the teachers will know about it. She used to let people walk in and out of our sessions. Everyone knew you were in there’ (line 30). Arya further detailed:

She [previous counsellor] used to tell the deputy head what I was going through in front of people that were bullying me. It was like she was trying to get me bullied even more because I’m telling them off and I was told if I tell anyone it will be worse for me. She made it worse for me. (Line 31).

For another participant, confidentiality was breached when her counsellor informed both the bullies and parents about the school-related bullying, without the young person’s consent. Shae explained the effects of her counsellor talking to the bullies: ‘she talked to the people that were bullying me, and then the people that were bullying me came back to me and started bullying me again. So that was very, very not good’ (line 60); ‘no I’ve been bullied, but she went and told my parents, I’ve never told my parents and then my parents thought it was my fault that I was getting bullied’ (line 186).

#### *4.5.1.4 Advice: ignoring the bully.*

Although for some participants it was helpful when their counsellor advised them to *ignore the bully*, for others this was unhelpful. For instance, Sally felt that her counsellor did not care about her with such advice. She explained: ‘telling me to just ignore them ... it means that they don’t care, that’s how I see it, I feel that they don’t care’ (line 18).

*4.5.1.5 Not enough space.*

One participant indicated that there was insufficient space in her counselling. She reported that too much was asked of her at once, and there was *not enough space* to reflect and do the given tasks. Victoria stated: 'I just didn't like, um some of it was just that it was just too much at once' (line 15). Victoria further explained:

It was just like they will talk to you about it and then they would want you to do something, but then they will also be talking to you at the same time. Sometimes it's a little bit sort of difficult to do those two things at once. (Line 19)

*4.5.1.6 Insufficient creativity.*

Another participant indicated that there was insufficient creativity in her counselling. Genie was more or less contented with her counselling for school-related bullying, however, she would have appreciated more creative techniques in her counselling. .

Umm, if I was being extremely picky, it would only be because I want to do more creative things and it's a lot of talking and sometimes I feel like when I ramble I don't feel like I express myself in the right way, and I do love the idea of doing something more creative, but that's not the case with everyone obviously. That's my way of expressing myself and that's only if I was being picky really. (Line 17)

Genie recognized that this may be an individualistic want, based on her passion and love for creativity. However, for her creativity was a better medium of expression, opposed to talking.

#### **4.5.2     *Unhelpful client activities.***

##### **4.5.2.1     *Not opening up or being honest.***

Three participants reported that it was unhelpful in counselling when they did not open up to their counsellor or was dishonest to them. For Sally, not opening up only occurred in the beginning phase of counselling, opposed to throughout: ‘by the way that I just, like for the first four weeks I just didn’t really speak that much and I just gave short replies, and I didn’t really open up’ (Sally, line124). Sally explained that not opening up was unhelpful, because her counsellor was uncertain of how to proceed with the counselling sessions: ‘because she didn’t really know how to continue the sessions, cause she didn’t really know how to take me in and all that’ (line 126). Sally seemed to have recognized how this impacted on the counselling relationship, because as the sessions progressed she opened up more. On the other hand, Meera identified that being dishonest in counselling had been unhelpful, but she also understood the importance of being more honest with her counsellor.

There’s one thing that I’ve kept from her, I think that’s not very helpful as it applies to a lot of situations. I can’t bring myself to tell her what it is cause yeah I just feel like, a bit funny, a bit too personal, but at the same time it’s very important. (Line 139)

##### **4.5.2.2 *Missed sessions.***

Both Sally and Meera mentioned that it was unhelpful when they missed sessions. Sally stated, ‘I had a bit of time being away’ (line 128). On reflection she realized that by missing sessions she was unable to talk to her counsellor when she really needed her support: ‘because when I needed help I wasn’t able to get to her’ (Line 130). Likewise, Meera acknowledged that it was unhelpful when she missed sessions.

... I'm missing out another week and it's like she could have given me some advice or something that I could probably put into my week, just speed up the whole counselling process a bit more [yeah], so it's like I'm slowing down our progress.

(Line 133)

#### *4.5.2.3 No bond/connection.*

For one participant, not having a bond or connection was identified as unhelpful, however, this related to his previous counsellor at school. Samwell stated, 'but I really didn't bond with the counsellor, I really didn't like her' (line 119). For Samwell, having a bond or connection was pertinent to build a relationship with his counsellor, as he identified this as helpful with his present counsellor. Samwell had counselling before with several other counsellors, but he felt those sessions were unhelpful when he stated, 'all the other counsellors I didn't really bond with them' (line 41).

## **5**

### **Discussion**

#### **5.1 Overview**

The outcome of this research provides an understanding of the helpful counsellor and client activities that ten participants identified in counselling, after experiencing school-related bullying. This study also illustrates the processes or pathways by which these factors were experienced as helpful, and led to change. The findings in Chapter 4 present their

thoughts, feelings and reflections of counselling, and the main findings will now be discussed in further detail. As no such research has been carried out on this particular client group, this study presents the first findings on helpful aspects of counselling and change processes, specifically for young people who have been bullied.

Section 5.2 offers a summary of the main research findings. In Sections 5.3 and 5.4 the first objective of the research, encompassing the client's views of helpful counsellor and client activities will be discussed. Such discussions are considered in relation to the existing literature. Furthermore, the material presented here is linked to the varying therapeutic approaches, techniques and practices that counsellors use in counselling, as described in Chapter 2. After this, the change processes in Section 5.5 are discussed, and lastly, the limitations and implications for future research and clinical practice are discussed, with overall conclusions. In this chapter, there is a dialogue between the findings and the existing literature. Whilst this study attempts to remain as close as possible to the participants' world, the subjectivities of the researcher inevitably influence what is presented.

## **5.2 Summary of findings**

This study used ten semi-structured interviews, to build an understanding of the factors that young people who were bullied experienced as helpful and unhelpful in counselling, while further exploring their change processes. The findings of this study identified five helpful counsellor activities: 'ways of relating', 'incorporates creative media', 'teaches strategies', 'offers advice', and 'creates safety'. The most commonly mentioned helpful counsellor activity was the counsellor's ways of relating, followed by incorporating creative interventions. In addition, six helpful client activities were found: 'trusting', 'talking', 'opening up and being honest', 'remembering and applying techniques',



‘expressing emotions’, and ‘developing a bond/connection’ with the counsellor. ‘Trusting’ was most frequently mentioned, followed by ‘talking’ and ‘being open and honest’.

On further analysis, four change processes were found. These were labelled, ‘feeling safe’, ‘growing in confidence’, ‘working together’, and ‘clearing minds’. The change process *feeling safe* was the most commonly reported change process, as reported by seven participants, followed by the process *growing in confidence*, as identified by six participants. It was found that similar processes had different positive outcomes for different clients, and in some instances, the same outcomes were achieved through different processes. In relation to unhelpful aspects of counselling, there were six unhelpful counsellor activities and three unhelpful client activities identified. The most frequently reported unhelpful counsellor aspect was that counsellors were described as being rude. Whereas, the unhelpful client activities were ‘not opening up and being honest’, ‘missed sessions’, and ‘no connection/bond’.

### **5.3 Helpful counsellor activities**

This section discusses the helpful counsellor activities in counselling. These findings are discussed in relation to the existing literature, as well as linked to theoretical approaches, techniques and practices that counsellors use when working with children and young people in counselling.

#### **5.3.1 *Ways of relating.***

All ten participants reported on the helpfulness of their counsellor’s interpersonal counselling skills. Concerning this theme, one of the clearest findings was that participants appreciated a counsellor who *understood* them. In the existing literature, Cooper (2004) also found that young people appreciated having a counsellor who understood them, and there are a number of other studies that echo this Dunne et al., 2000; Freire & Cooper, 2008; Hough &

Freire, 2007; Lynass et al., 2012). Being understood conveys the idea that counsellors comprehend young people's experiences of being bullied from their frame of reference, and can communicate this understanding to them. Furthermore, young people seemed to have perceived their counsellor's empathic understanding, through their counsellor's body language, tone of voice and facial expressions. This suggests that it is important that clients perceive the counsellors' understanding of issues surrounding school-related bullying. This may be related to Rogers' (1957) sixth condition of person-centred therapy: the communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

In addition to this, young people valued their counsellors' listening skills. Being listened to convey the idea that the counsellor is paying attention to the young person, and that he/she is being heard. Not only does listening enable the counsellor to make accurate reflections back to the client, but it also sends an important message to the client; 'I am worth listening to'. The importance of allowing the client to be heard without the counsellor intruding with their own assumptions come across strongly in this study, and brings challenges to more direct ways of working. Feeling listened to and being understood have both been frequently identified as essential in previous research (Cooper, 2004; Dunne et al., 2000; Lynass et al., 2012; McArthur et al., 2015). As such, this study endorses that understanding and listening to young people in counselling are important counsellor skills, whether or not the presenting issue is bullying.

Less mentioned in the helpful aspect studies literature, is acknowledging the young person's strengths and positive attributes. Yet, acknowledging or what Rogers' (1980) referred to as prizing of the client, seemed to have been helpful for clients in this study, as this led to increased self-worth. Prizing seemed to reflect a non-possessive caring of clients, which Rogers (1980) believed was a therapist attitudinal stance. Although, McArthur et al.

(2015) did not use the term ‘prizing’, they found that counsellor’s attitudes, such as accepting and validating clients’ emotions, similarly led to the process of increasing self-worth. In this current research, acknowledging or prizing young people’s strengths and accomplishments, in the face of bullying seem to convey a powerful message; ‘I am worthy’. Furthermore, validating a person’s worthiness demonstrates the counsellor’s interest in the client, and the importance of what he/she is saying (Israel, Gorcheva, Burnes, Walther, 2008).

It could be hypothesized that acknowledging or prizing the strengths and accomplishments of a young person who has been bullied, helps to develop their internal resources, to feel self-worthy. Danby et al. (2000) likewise found that young people, who called a telephone helpline for bullying, valued when their counsellors acknowledged and reinforced their personal and individual strengths, as this construed the caller as a resourceful individual. Similarly, in a peer counselling service for bullying, young people reported that they maintained a positive self-regard despite being bullied, as their counsellors acknowledged and validated their experiences, by demonstrating unconditional positive regard (Boulton et al., 2007). This may suggest a person-centred approach to counselling. Even so, it could be argued that it is a strength-based approach of pluralistic counselling (Cooper & McLeod, 2011), which is less problem-centred and more growth oriented.

These findings coincide with the literature on common factors in child and adolescent psychotherapy that lead to therapeutic change. A meta-analysis study shows that a counsellor’s interpersonal skills are strongly linked to therapeutic outcomes with children and adolescents (Karver et al., 2006). In this study, the theme ‘ways of relating’ may also refer to the counsellor’s interpersonal skills, because of the relational skills described. Hayes (2017) indicates that interpersonal skills in the child therapy research considerably overlap with the ‘core conditions’ of PCT; which suggests that the core conditions may be helpful for young people who are bullied, as this leads to positive change. This study cannot provide causal

links to positive outcomes; nevertheless, it has highlighted tentative initial indications that interpersonal skills facilitated the process of feeling safe, which led to positive outcomes.

### **5.3.2 *Incorporates creative media.***

A key part of the therapeutic process was that young people had the opportunity to express themselves using creative media. Examples of these were writing, drawing, sculpting, using card games and flip charts. Different creative techniques in counselling meant that young people had varying ways of expressing themselves, as opposed to only talking (Bondi et al., 2006). Moreover, the card games and flip charts were useful tools specifically used for school-related bullying. Such tools in the sessions appeared to be meaningful for clients, as they helped clients to identify and name their feelings when bullied, which led to increased control over emotions. This suggests that creative techniques may be one possible way of helping clients with emotional regulation.

Apart from an evaluation that found the use of art and other play materials helpful (Cooper, 2006), there are limited studies that identified the counsellor's incorporation of creative media as a helpful activity (Griffiths, 2013). However, this does not imply that creative interventions are unhelpful; as it may be that they simply were not offered, due to SBC services primarily adopting humanistic/person-centred approaches (Lynass et al., 2012; McArthur et al., 2015). However, this study was not limited to school-based humanistic counselling, as it also included community-based counselling services that used integrative approaches. This may explain why young people in this study identified creative media as useful. Even so, this study supports existing findings from a community-based counselling study, which found that the counsellor's use of creative media such as clay, sand and paints were helpful (Bondi et al., 2006).

Similar to Bondi et al. (2006), different creative media helped different clients in different ways. In their study, young people used creative media to connect with a younger self, which led to a brief experience of feeling carefree and calm. Whereas, for others painting and wearing masks made in the sessions, helped with exploring private and public selves, or expressing the contrasts between different parts of themselves (Bondi et al., 2006). Similar to Bondi's study, this present research found that for different clients creative interventions were helpful in different ways. For some, they assisted with recalling repressed feelings, or alternatively identifying the name of feelings/emotions experienced when bullied. For others, they offered the opportunity to express more negative feelings in a safe and supportive context, which helped them to develop their capacity to contain and control feelings of anger, frustration and suicidal thoughts. Yet, for a large majority, they helped in remembering to apply the taught strategies in bullying situations. To a lesser extent, they served as opportunities for self-discovery, as participants discovered aspects about themselves, and their relationships in profoundly significant ways. Findings suggest that different creative media were helpful for different clients in different ways, thus, reflecting a pluralistic perspective to counselling (Cooper & McLeod, 2011).

Hayes and Brunst (2017) explain that the psychodynamic approach with young people encourages creative expression such as art, drawing or journal writing to help clients externalize their difficulties. In this study, creative media may be a therapeutic medium (Hayes and Brunst, 2017) to help young people bring their unconscious thoughts and feelings to consciousness from a psychodynamic perspective. Alternatively, from a humanistic perspective they can be used to increase young people's ability to express their feelings. Although there is no evidence to suggest that therapies using art are superior or inferior to those that rely only on talking (Reynolds, Nabors, & Quinlan, 2000), this present study

suggests that young people who are bullied, found it more helpful to express emotions through creativity such as art, as opposed to only talking.

However, creative media not only helped young people to express their emotions, but they also helped with coping with feelings and increasing self-esteem, which were also identified as benefits of art therapy in three RCTs (Reynolds et al., 2000). Supporting this, Sewell (2013) reported that there is now an increasing emphasis on looking at creative methods with young people, to uncover specific issues relevant to them. As such, the findings from this study indicate that creative processes may be another possible way of exploring and expressing emotions (Hayes & Brunst, 2017), particularly for young people who present with school-related bullying.

### ***5.3.3 Teaches strategies and offers advice.***

Young people who have been bullied appreciated having specific strategies and advice to cope with bullying. The existing literature has mixed findings regarding the use of counsellor's strategies and advice. Some studies have reported that young people valued self-directed processes, as opposed to those which were counsellor-led (Cooper, 2006; Hough & Freire, 2007). Other studies suggest that young people wanted their counsellors to provide more active strategies or offer more advice (Cooper, 2004; Hough & Freire, 2007; McArthur et al., 2015). Despite the contrasting evidence, this present study found that young people who are bullied valued their counsellors' strategies and advice to cope with bullying.

Different strategies helped different clients, in different ways to achieve different outcomes, or in some instances, the same outcomes. In previous studies, muscle relaxation or guided visualization (Cooper, 2004; Cooper, 2009) were identified as helpful, but these studies do not explain how they were helpful. In this study, breathing exercises were reported as helpful, as they helped young people take their minds off the bullying, and in so

doing, led to less suicidal thoughts and anxiety attacks. Consequently, the strategy helped to reduce mental health issues associated school-related bullying (Fischer et al., 2012; Van Geel et al., 2014). Supporting this, Reynolds and Coats (1986) found that relaxation techniques, including breathing techniques helped relieved either anxiety or depression, among children and young people.

In addition, breathing exercises helped to improve grades. Using breathing exercises, young people shifted their attention from bullying to exams, which resulted in increased concentration and improved grades. Such findings are similar to studies supporting that counselling leads to behavioural changes (Lynass et al., 2012; Rupani et al., 2012). Those studies, however, do not explain how behavioural impacts occur. Whereas, in this study a further understanding is provided, as to how improved grades occur for young people who have been bullied. In sum, breathing exercises impacted positively on both the psycho-social and behavioural aspects of young people.

Another highlighted strategy was *mindfulness*, more specifically external mindfulness. Although mindfulness has not been mentioned in the existing helpful aspects literature concerning young people, it has been an increasingly popular approach in therapeutic work with adults; and initial evidence suggests that there are benefits of using mindfulness with children and young people (Hayes & Brunst, 2017). For instance, mindfulness-based cognitive therapy with a group of 25 children aged 9 to 23 years, led to significant improvements in attention-related problems, and changes in anxiety and behavioural problems (Semple, Lee, Rosa, & Miller, 2010). However, Semple et al.'s (2010) study was a RCT that measured changes quantitatively. Thus, it failed to explain how those positive changes occurred. Whereas, this present study offers a more detailed understanding of how change occurs. For example, when Gilly used external mindfulness to deal with bullying, she observed others more, which led to increased confidence. With increased confidence, she

became more self-aware, feeling more comfortable with others. Thus, she talked more and became more sociable (see Figure 3. p. 113). Therefore, it can be assumed that mindfulness helps to increase sociability, thereby reducing bullying. The qualitative nature of this study offers a more nuanced understanding of how strategies are helping young people and leading to therapeutic outcomes. Similar to this, Coholic's (2011) qualitative study found that 31 young people aged 8 to 15 years benefited from arts-based mindfulness-based practices, as it improved aspects of self-awareness, self-esteem and resilience.

Another novel strategy was *stopping and thinking*. This strategy assisted young people to develop better control over their thoughts and emotions in the face of bullying. Young people managed their feelings and impulses, to either prevent retaliation from the bullies or self-harming. This specific strategy seems comparable to cognitive restructuring used in CBT (Hayes & Brunst, 2017), as it is aimed towards producing changes in the way a person thinks. Young people acquired the skills to identify negative thoughts and develop alternative ways of thinking (Westbrook et al., 2007). This finding seems to suggest that techniques used in CBT may be helpful for young people who have been bullied.

Lastly, *assertiveness techniques* were yet another helpful strategy that young people identified as useful. According to Hayes and Brunst (2017) assertiveness techniques are one example of the CBT. In like manner, assertiveness techniques were also identified as helpful for young people who were bullied in both CAMH and SBC services, which primarily used CBT (Dyer & Teggart, 2007; McElearney et al., 2013). However, their studies are limited as they do not explain what these techniques are, and how they are helpful for this particular client group. This present study fills this gap and identifies what these assertiveness techniques may include, and how they helped different clients in different ways, reflecting a pluralistic perspective (Cooper & McLeod, 2017). As such, this present study supports the



existing literature that that assertiveness techniques of CBT can be helpful for young people who are bullied.

Apart from strategies, young people valued the counsellor's advice to deal with bullying. Young people were advised to tell someone, ignore the bully, or do something practical. The advice, 'to tell someone', coincides with the existing literature, as young people found it helpful when counsellors encouraged them to tell a teacher or a parent (Danby et al., 2000; McElearney et al., 2013). Although the advice, 'ignoring the bully' was helpful for some, for one participant this was unhelpful, as she felt that her counsellor did not care. This suggests that what may be helpful for some clients may not be helpful for others. Thus, in counselling, counsellors ought to collaborate and check-in with clients, to meet their needs. Furthermore, when advice had the character of 'possibilities' or 'suggestions', as opposed to 'instructions and directives' (Cooper, 2004), this led to choice and autonomy. Findings suggest that giving advice may be in alignment with the CBT (Dyer & Teggart, 2007; McElearney et al., 2013). Nevertheless, advice and suggestions given by counsellors were also highlighted as positive in Griffith's (2013) study, and these counsellors were all person-centred in orientation.

#### ***5.3.4 Overview of main helpful counsellor activities.***

As evidenced from above, the reported helpful activities such as creative media, strategies and advice have all been counsellor-directed, meaning that the counsellor to some extent was directly involved in the counselling process. In a meta-analysis, Karver et al. (2006) referred to this as 'therapist direct influencing skills', which were associated with positive therapeutic outcomes with children and young people (Hayes, 2017). In their study,

direct influencing skills involved active structuring of sessions, and giving guidance and instructions, similar to the findings in this study.

Contrary to Karver et al.'s (2006) findings, young people's least helpful experience was the counsellor's directiveness, in a peer counselling service for dealing with bullying, as they felt that counsellors 'took over' the sessions (Boulton et al., 2007). Boulton and colleagues recommended that counsellors ask clients periodically if they perceived their counsellor as taking over the session. This seems to suggest a form of metacommunication, to clarify the client's perspective of counselling, which Cooper and McLeod (2011) suggest may be a dialogue between client and counsellor in the therapeutic dyad. In like manner, it appears as though creative media, strategies and advice were only helpful in this study, due to the constant metacommunication or dialogue between clients and counsellors, to inquire what worked best for them (Cooper & McLeod, 2011).

Less consistent with the person-centred perspective, young people emphasized the helpfulness of cognitive-behavioural practices such as cognitive restructuring, relaxation techniques such as breathing exercises and mindfulness, and assertiveness techniques. In addition, young people highlighted the usefulness of creative media, which may be a psychodynamic approach seeing that it helped facilitate deeper exploration and awareness of unconscious and/or repressed feelings. Consistent with a person-centred/humanistic understanding of therapeutic change (Rogers, 1957), young people also found it helpful to engage with a counsellor who had interpersonal skills (Karver et al., 2006) such as listening, understanding, empathy and acknowledging or prizing of the clients. As such, the findings of this study are consistent with a pluralistic perspective; that is, a range of therapeutic techniques and practices from different therapeutic modalities can be of value to young people who attend counselling for dealing with school-related bullying.

## 5.4 Helpful client activities

This section highlights the ways in which young people who were bullied contributed to their counselling process. These findings are discussed in relation to the existing literature on helpful aspect studies and linked to the common factors in child and adolescent psychotherapy.

### 5.4.1 *Trusting.*

The most frequently mentioned aspect of counselling that young people perceive themselves doing is, trusting the counsellor. This differs from the existing literature, as most studies found that young people valued the opportunity to talk and be listened to as the most important aspect of counselling (Cooper, 2004, 2006; Dunne et al., 2000). Nevertheless, some studies have similarly found that trust is as an essential relational client factor (Lynass et al., 2012; McArthur, 2013). Supporting this, in a study on relational depth with adults, Knox (2008) reported that clients found it a helpful self-experience, when they trusted or invited the therapist in their counselling. More specifically, findings from this study suggest that trust occurs in a three-stage process: building trust, perceiving trust to disclose bullying, and trusting the counsellor's strategies and advice, to cope with bullying.

Similar to Lynass et al (2012), this study suggests that trust is an important relational factor for young people who are bullied. Kearney (2001) explains that young people who have been bullied have negative peer experiences, which confirm that the world is a threatening place, and this leads to more worry about other forms of social interaction. This process contributes to internalizing difficulties, e.g. anxiety disorders (Kearner, 2001). In this study, young people began counselling as anxious individuals, seeing the world as a threatening place and interpreting events through a lens of worry and fear (Beck et al., 1985). This may be one possible explanation as to why young people were 'testing' or 'getting to

know' their counsellor, as these were a means of building trust. Similar to Knox (2008), trust was fundamental for building the therapy relationship, and it was through this relationship that young people felt safe-enough in counselling to disclose bullying. On the other side, Knox and Cooper (2010) found that when clients did not trust the therapist, clients felt unsafe, threatened and powerless. This suggests that trust not only helps to develop the therapy relationship, but it also serves as a precursor for other helpful client activities, such as talking, opening up and being honest.

#### **5.4.2 *Talking, being open and honest.***

The theme of talking is found in the early findings of Cooper (2004), in addition to a number of other studies that followed (Cooper, 2006; Freire & Cooper, 2008; Hough & Freire, 2007; Sherry, 1999, Lynass et al., 2012; McArthur et al., 2015). This suggests that whether a young person presents with suffering from school-related bullying, or some other issue, the opportunity to talk to someone in counselling is priceless (Cooper, 2013). Particularly noticeable is that young people frequently associate talking with emotion-related activities, to bring about helpful effects: talking about feelings, recalling unconscious feelings, or expressing feelings. This appears to be highly consistent with an emotion-focused understanding of therapeutic change processes (Greenberg, Rice, & Elliott, 1993). Furthermore, in some instances talking led to 'getting it off one's chest', which led to relief; whereas for others, talking assisted with remembering past memories and feelings. Such findings may suggest that talking was helpful for different clients in different ways, which may reflect a pluralistic perspective (Cooper & McLeod, 2011).

Similar to previous studies, young people also identified that being open and honest with their counsellor was important (Cooper, 2004; Sherry, 1999). Being more open in relation to the counsellor seems to convey the idea that the counsellor is allowed or invited

inwardly (Knox, 2008). In addition, there is also the inclination that being open had a positive effect on the therapy relationship, as young people began to share their thoughts, feelings and experiences of bullying with their counsellor. In relation to being honest, young people contrasted how their counsellor compared to other people in their lives, such as family or friends. In previous studies, young people stated they could be honest with the counsellor as there were no disadvantages in telling a counsellor (Danby et al., 2011; Oliver & Candappa, 2003), as compared to telling a teacher or parent.

Young people in this study were honest with counsellors, as they did not overreact or underreact. It is possible that young people felt that they were unaccountable for their counsellors' emotional reactions. Sagen, Hummelsund and Binder (2013) support this when they explored what helps young people to express themselves openly and honestly in therapy. In their study, young people reported that it was helpful to not have to take responsibility for their therapist's wellbeing (Sagen et al., 2013). The evidence, therefore, tends to suggest that talking, and being open and honest are consistent helpful client activities that actively contribute towards building the therapy relationship.

#### **5.4.3 *Remembering and applying.***

The aspect of remembering what was learnt in counselling and then applying this to bullying situations is a novel insight in client helpful processes. This aspect seems to coincide with the common factors in child and psychotherapy research that lead to therapeutic change (Hayes, 2017). Evidence suggests that young people who show greater involvement in therapy get more out of therapy (Karver et al., 2006). The process of remembering and applying what was taught or explored, seems to convey the idea that young people are directly involved in their counselling. As such, this present study supports the

existing literature that young people's degree of involvement is an important client factor that contributes to therapeutic change (Hayes, 2017).

Although this theme has not been previously reported within the existing literature on helpful aspects, it does seem to resonate with the techniques of CBT. For instance, the technique of problem-solving, commonly involved in CBT (Hayes & Brunst, 2017) was reported as helpful by young people for coping with bullying. More specifically, creative media, such as flip charts and card games were memorable instruments that assisted with problem-solving. Consequently, creative techniques seem to have facilitated the process of remembering, as young people indicated that they visualized or memorized what occurred in sessions. Thus, participants could have readily applied what was learnt in the face of bullying, which is consistent with the CBT approach. In sum, the findings suggest that it is helpful when clients are involved in their counselling process.

#### **5.4.4 *Expressing emotions.***

Young people reported that the opportunity to express emotions was a helpful aspect that contributed towards therapeutic change. Even though this theme may be similar to the theme, 'talking about emotions' in past research (McArthur et al., 2015), the findings in this study are somewhat different. In McArthur et al.'s (2015) study, talking was the main facilitator to identify emotions. Whereas, in this study, creative media e.g. art, may be used to facilitate *releasing* or *letting go* of emotions. Supporting this, in a review of three studies Reynolds, Nabors, and Quinlan (2000) found that children were better able to express their emotions with art therapies. Despite the evidence being relatively small, with only three studies, it suggests that creative interventions may be another possible way to help young people express their emotions (Hayes & Brunst, 2017).

Young people also identified that the counsellor's non-judgemental attitude (Cooper, 2004; Lynass et al., 2012) assisted with expressing emotions. Experiencing the counsellor as non-judgemental seems akin to the accepting nature of Rogers' (1957) unconditional positive regard (UPR). It could be said that the counsellor's UPR encourages young people to express their emotions freely. This suggests that UPR, one of the 'core conditions' of PCT (Rogers, 1957) is pivotal for expressing emotions, as there were no explicit mention of young people valuing congruence or empathic understanding, for this particular theme. Thus, it is argued that some aspects of PCT are helpful to young people who are bullied.

Furthermore, expressing emotions led to a diverse range of feelings for this particular client group. Young people felt liberation, empowerment or a sense of freedom, as emotions were generally described as being trapped within them. For instance, Genie described this theme as a 'prison of emotions released with a key' (line 129). This seems to coincide with the existing literature, in which young people previously described the processes of 'letting things out' and 'getting off one's chest', as a release of tension (Cooper, 2006; Dunne et al., 2000; Freire & Cooper, 2008). As such, the practices of PCT (Rogers, 1957) and creative techniques (Sewell, 2013) facilitated the process of expressing emotions. This may reflect a pluralistic perspective, as different clients found different factors helpful in therapy of two different therapeutic methods (Cooper & McLeod, 2011).

#### **5.4.5 *Developing a bond/connection.***

At the start of counselling, young people found it helpful to have a bond or connection with their counsellor. In general, it was described as a *trust-bond relationship*, or a *feeling of connection*, possibly reflecting moments of relational depth, in the humanistic/person-centred

literature (Knox, 2008; Knox & Cooper, 2010). However, this study does not offer sufficient evidence to claim that it was relational depth that led to therapeutic change. Even so, similar to Prior's (2013) findings, young people developed trust or a connection with their counsellor at the start of therapy, based on the counsellor's accepting and non-judgemental nature. Labouliere, Reyes, Shirk and Kraver (2015) found that a strong alliance early in therapy drives more therapeutic change. Likewise, Shirk and Karver (2011) found that a less directive and task focused approach to therapy, is crucial at the start of therapy, which possibly points towards more non-directive techniques at start therapy. Hence, the counsellor's accepting and non-judgemental attitude, created a psychological climate for a bond to occur, so that young people can talk openly about school-related bullying. Thus, developing the bond or connection at the start of therapy, is a significant relational factor to form an interpersonal relationship, and through this relationship counselling takes place.

This interpersonal relationship seems to be akin to the therapy relationship of PCT, which proposes that positive change occurs through a therapy relationship, characterized by congruence, unconditional positive regard and empathic understanding (Rogers, 1979). However, such findings are not limited to PCT. In CBT, this bond or connection may be described as an alliance, which is believed to be the means through which the work of therapy can occur. In the psychodynamic psychotherapy literature, the *bond or connection* may also refer to Anna Freud's (1946) emotional connection between therapist and patient, which underpins all the work of therapy. Again, this bond or connection may coincide with Bordin's (1979) definition of the therapeutic alliance, as he believes it is made up of three components; one of these being an emotional bond. As such, developing a bond or connection seems to be a common concept described within the varying therapeutic modalities of counselling. It is also concordant to the findings of the common factors in child



and psychotherapy literature, which state that the therapy relationship or therapeutic alliance is a common factor that leads to therapeutic change (Hayes, 2017).

#### **5.4.6 *Overview of helpful client activities.***

This section of the study shows that young people perceive themselves as making active contributions to their processes of change. Consistent with the literature on common factors that bring about therapeutic outcomes, it appears as though the therapy relationship or therapeutic alliance, described as a bond or connection with the counsellor, is pivotal for positive change, at the start of therapy. Crucial to this relationship is the young person's trust. It further appears that once the therapy relationship is formed young people can talk, and be more open and honest about bullying. These findings have been frequently identified as important in previous research. However, a novel insight is that through creative media young people can express their emotions freely, and explicitly remember what was learnt in their sessions, and then apply this to actual bullying situations.

Hence, at start therapy, there is the inclination that young people value having a trust-bond relationship with their counsellor, which seems to facilitate talking openly and honestly about school-related bullying. However, as the therapy progresses it is also important for young people to have a means of coping with bullying, and this was achieved through creative media, strategies and advice. In light of this, these findings suggest a pluralistic perspective (Cooper & McLeod, 2011), as at different points in time of the counselling, young people benefited from different therapeutic techniques and practices.

### **5.5 Change processes**

In alignment with the aims of this study, this section discusses the processes that led to positive outcomes. Specific to this client group four change processes are identified and

discussed in relation to existing research, theory and practice. Similar to previous change process research (McArthur, et al., 2015), positive change outcomes were not confined to one pathway of change, but rather different or sometimes similar outcomes were achieved in different ways for different clients. Of significance is that these pathways are not causal networks, but just one line of evidence, as many other different pathways can be developed. Findings offer tentative initial indications that there is a likelihood or probability that some client activity, therapist attribute or a therapeutic process, can lead to therapeutic change (Hayes, 2017).

#### ***5.5.1 Feeling safe.***

For young people who have been bullied, the process of feeling safe seemed to be the most fundamental change process in counselling. Whether or not counsellors were based in school or community contexts, it was important that counsellors created a psychological climate that was safe-enough for young people to talk about or disclose bullying. These findings are supported by the process research carried out by Prior (2013), who found that safety and trust were important in deciding to make disclosures.

It could be argued that young people, with varying presenting issues will also want to feel safe in counselling. However, for young people who have experienced bullying victimization this is an even more salient issue, due to heightened levels of fear, worry and panic (Beck et al., 1985). Negative peer interactions confirm that the world is a threatening place, leading to more worry about other forms of social interactions (Kearney, 2001). Thus, fostering trust and safety in the therapy relationship is important for this client group to disclose bullying. Oliver and Candappa (2003) found that pupils were reluctant to disclose bullying to teachers because they feared not being taken seriously and that telling may lead

the bully to retaliate. Hence, as compared to telling teachers young people felt safe-enough with counsellors to disclose bullying.

The process of feeling safe, together with the findings from Prior (2013), provides evidence for a link between two of the most commonly reported helpful aspects of counselling: confidentiality and a non-judgemental attitude (Cooper, 2004; Lynass et al., 2012). The descriptive nature of the existing helpful aspects studies meant that this relationship has been largely unexplored. However, in this study, it appears that confidentiality acts as precursor to feeling safe, which is mediated through trust within the therapy relationship. Supporting these findings, counsellors have reported that creating safety is a key aspect that they endeavour to foster in the therapy relationship, by setting clear boundaries, including confidentiality and limits to this (Westergaard, 2013). This suggests that there may be concordance between what counsellors are attempting to communicate to their clients, and what clients are, in turn, experiencing.

Having a non-judgemental counsellor was yet another precursor for feeling safe, and this seems to be consistent with one of the ‘core conditions’ proposed in PCT (Rogers, 1957), as the counsellor’s non-judgemental attitude could be interpreted as unconditional positive regard. In addition, participants who had felt safe in the therapy relationship also described the importance of being listened to and empathically understood by the counsellor. This provides some support to the idea that the ‘core conditions’ deemed by Rogers (1957) to be necessary and sufficient for change to occur, is in fact, considered by participants to be necessary.

The change process of feeling safe was linked to several positive outcomes at the intrapersonal and emotional levels. Previous studies have also identified that counselling may lead to increased confidence (Lynass et al., 2012; McArthur et al., 2015; Rupani et al.,

2012). However, with the exception of McArthur et al. (2015), these studies are limited as they do not explain how change occurs. In McArthur et al.'s (2015) study, increased confidence was a result of the processes of increasing self-worth and having insight, whereas, in this study the process of feeling safe led to more confidence. This suggests that different processes may lead to the same outcome for different clients, which is in accordance with a pluralistic approach to counselling (Cooper & McLeod, 2011).

### ***5.5.2 Growing in confidence.***

The significance of growing in confidence identified by participants in the present study, offers a nuanced understanding underlying positive outcomes in counselling. Although the existing literature highlights increased confidence as a positive outcome of counselling (Lynass et al., 2012; Rupani et al., 2012), in this study it appears that growing in confidence was a process that participants described, that led to several other positive outcomes. This suggests that confidence may not only be an outcome of counselling, but it also serves as a precursor for other positive outcomes. Similar findings were found in McArthur et al.'s (2015) study, as young people entered a cycle evolving self-esteem, self-efficacy, confidence and agency, which had several different impacts for them.

In their study, it was the counsellor's listening, understanding, accepting and valuing the client that led to increased confidence (McArthur et al., 2015). Whereas, in this study it was the counsellor's incorporation of creative media, e.g. card games, and the counsellor's strategies, e.g. external mindfulness, that led to growing in confidence. The counsellor's attitudes described in the previous study seem to be akin to PCT (Rogers, 1957). However, this may have been only highlighted, as young people primarily experienced humanistic/person-centred counselling. Conversely, in this study participants experienced different therapeutic methods, including humanistic/person-centred approaches, and yet they

still identified that creative media and strategies assisted with increasing confidence. Such findings endorse the usefulness of techniques from CBT and creative approaches for therapeutic change (Hayes & Brunst, 2017). In general, the findings from this study, together with the findings from McArthur et al., (2015) suggest that different counsellor helpful activities can contribute towards the same change process, and lead to different or similar outcomes.

One of the outcomes of this change process was more sociability, which coincides with the literature on bullying victimization and social exclusion (Crick & Grotpeter, 1995). Interestingly, through the process of feeling safe, young people experienced more sociability in different ways. This supports Cooper and McLeod (2015), as they emphasize that therapeutic outcomes are not confined to one pathway of change, but there are many different pathways yet to be discovered. One of the pathways that led to more sociability included self-awareness, as a result of practicing external mindfulness (see Figure 3). This finding echoes that of Coholic (2011), who found that arts-based mindfulness-based practices improved self-awareness, among at-risk youth.

Accordingly, it appears that aspects of creative therapy and CBT, can lead to increased sociability for young people who have been bullied. However, in Fox and Boulton (2003), contrasting evidence was found, as their Social Skills Training (SST) programme, involved techniques from CBT, and yet, there were no significant improvements in social skill problems for victims of bullying. Although their study had similar strategies to this study, such as relaxation skills and problem solving, these were not done in collaboration with the client. Thus, similar to the victims of bullying in Boulton et al.'s (2007) study, young people may have perceived the counsellor as 'taking over' the sessions. By contrast, young people in this current research appreciated working together or collaborating with the counsellor, to test whether strategies or creative techniques helped or hindered in counselling.

### ***5.5.3 Working together.***

The importance of working together described by participants, contributes to a novel insight into the processes underpinning positive outcomes. Counsellor-led activities, such as strategies, advice and creative media, were meaningful only when carried out within a context of collaboration, as this allowed the young person to retain a sense of autonomy. ‘Working together’ seemed to have helped both counsellors and clients to think about the kind of therapeutic techniques and practices that may be most helpful to particular clients (Cooper & McLeod, 2011b). In other words, it was a collaborative, negotiated dialogue between counsellor and client.

Although this particular process has not been previously identified in the change process literature, there seems to be parallels within the adolescent psychotherapy literature, as young people have been found to respond more positively to therapists who are perceived as allies, rather than authority figures (Binder, Moltu, Hummelsund, Sagen & Holgersen, 2011). Church (2014) explains that when therapists are overly directive in their advice and guidance this can be perceived by service-users as threatening their autonomy, and subsequently decreases the likelihood of the young person’s willingness to accept what the therapists suggests. This may explain why victims of bullying in the peer-counselling service found counsellor’s directedness unhelpful (Boulton et al., 2001).

This change process, therefore, suggests that working together or collaborative activity within the therapy relationship (Cooper & McLeod, 2011b), can lead to autonomy and choice. Karver et al. (2006) have found that young people who show more autonomy with their therapist are more likely to benefit from the therapeutic encounter. This seems to resonate with Bordin’s (1979) conceptualization of the therapeutic alliance. Bordin (1979) argues that, not only an emotional bond between a counsellor and client is important, but also

the presence of task collaboration and agreement on goals. Therefore, even within the therapeutic alliance there is task collaboration. Accordingly, young people described their active involvement in counselling (Karver et al., 2006), as they worked together with counsellors to determine the best strategies to cope with bullying. Working together seems to involve constant ‘metacommunication’ (Rennie, 1998) or a ‘dialogue’ between the counsellor and client, to explore what was most suitable. According to Cooper and McLeod (2011b), such collaborative activity is a key element of a pluralistically informed approach to therapy, as it maximizes the extent to which clients’ perspectives, wants and agencies can inform the therapeutic work. Although this study supports that collaborative activity within the therapy relationship is essential for therapeutic change, what is less clear is at what stage of counselling should collaborative activity begin. Cooper and McLeod (2011b) recommend that this can begin in the first or early session of therapy, if it is aimed towards building trust and safety in the therapy relationship.

#### **5.5.4 *Clearing minds.***

The final change process that participants described in counselling was the process of clearing minds, and this led to improved grades, a behavioural change outcome. This finding resonates with previous studies, as both school-and-community-based counselling had a positive impact on young people’s academic achievement (Bondi et al., 2006; Lynass et al., 2012; Ogden, 2006; Rupani et al., 2012). However, the impact of counselling on the young person’s capacity to study and learn seems to be an indirect one, similar to previous studies (McArthur et al., 2015; Rupani et al., 2012).

It seems as though the opportunity to talk about the past and/or feelings related to bullying, encouraged young people to explore their bullying issues and get the *weight off their shoulders*. As a result, they described that their mind was cleared. Ogden (2006)

explains that before counselling young people felt that they were constantly thinking about their problems and had *no place in their heads* for anything else. Thus, the process of clearing minds gave young people more head space, as they did not need to think about their problems as much (Rupani et al., 2012).

Subsequently, the most frequently mentioned outcome from this process was improved concentration (Ogden, 2006; Rupani et al., 2012). However, this change process also led to other intermediary factors, such as increased school participation and better school attendance, which all contributed to improved grades (Rupani et al., 2012). Such findings seem to be pivotal for this client group, as school refusal and absenteeism are highly prevalent among young people who experience bullying (Luis, 2004). Hence, the findings from this study, together with the results from McArthur et al. (2015) and Rupani et al. (2012) suggest that the same outcome, improved academic achievement, may be achieved through different processes. Resultantly, this points towards a pluralistic approach to therapy when working with this client group (Cooper & McLeod, 2011).

It could be argued that through the therapy relationship, participants experienced a non-judgemental and understanding counsellor, who listened supportively. On being provided a 'warm and permissive' (Rogers, 1946) environment by the counsellor, young people can fully explore their bullying experiences, even those previously denied, and thus, talking itself, helped cleared their minds. This seems akin to PCT (Rogers, 1957), as a psychological climate was provided, such that young people can foster their internal resources and develop the capacity to study and learn. Even so, this can be counter argued, as the counsellor's strategy of breathing exercises, also served as a precursor for clearing minds.

Through breathing exercises with the counsellor's direction, young people were encouraged to divert their attention from bullying and on to their breathing. Similar to talking, this technique helped cleared the young person's mind, leading to reduced anxiety



attacks and suicidal thoughts. Such outcomes are significant for this client group, as the research shows that young people who are bullied experience anxiety and suicide ideation (Swearer & Hymel, 2015). Although breathing exercises are from ancient traditions of mindfulness and yoga, they are also one of the many techniques associated with CBT, which contributes to therapeutic change. This provides evidence for the concerns of Lazarus (1993) who challenged the assumptions of PCT: that a therapy relationship with the core conditions alone would be necessary and sufficient for positive change to occur. This calls for a more tailored approach when working with young people who are bullied (Lazarus, 1993). Hence, this research supports a pluralistic framework for therapy (Cooper & McLeod, 2007, 2011), as different clients found different factors helpful, from different therapeutic approaches, which led to a wide range of positive outcomes.

### **5.6 Unhelpful aspects in counselling**

Consistent with previous research, young people in this study voiced few criticisms of counselling for school-related bullying. Participants described varying unhelpful counsellor activities, but these were in relation to previous counsellors and not the present counsellors, who provided counselling for bullying. In general, participants described previous counsellors as rude, uncaring, uninterested and judgemental. This is concordant with previous research which highlighted counsellor's personal factors as unhelpful (Cooper, 2004); Hough & Freire, 2007). These descriptions may be seen as poor counsellors or a lack of relational skills, inhibiting the therapeutic relationship, which enables change in a client (Rogers, 1942) from a person-centred perspective. It is hypothesized that if participants perceived counsellors as uncaring and uninterested, then counsellors are unable to value the client or his/her experiences, which in turn hinders the client from valuing their own experiences, perpetuating incongruence. Such factors may also inhibit an emotional

connection (Bordin, 1979) or bond from forming, which was also identified as an unhelpful client activity in this study.

Specifically relating to school-related bullying, young people expressed the desire to have more creative techniques to express themselves. This not only supports that creative therapy is significant for those who experience bullying victimization, but it also supports previous studies in which young people wanted more counsellor input (Cooper, 2004, 2006). Supporting this, Sewell (2013) emphasizes the need for creative methods when working with young people. Furthermore, some young people found it unhelpful when the counsellor advised them to ignore the bully, as they felt that their counsellor did not care. Interestingly, for others this was helpful advice. This suggests that different clients may find very different things in counselling helpful or unhelpful, reflecting a pluralistic perspective (Cooper & McLeod, 2011). This also supports Lazarus (1993), who argues for a more tailored approach dependent on the characteristics of the client and how they respond to the counsellor.

As in previous research, breaching confidentiality was reported as unhelpful (Cooper, 2004; Sherry, 1999). Seeing that confidentiality is directly linked to feeling safe in this study, breaching confidentiality without the young person's consent is a detrimental factor that hinders trust in the therapy relationship. As aforementioned, confidentiality fosters trust and safety, which are important for this particular client group, due to heightened levels of fear, anxiety and worry (Beck et al., 1985). This calls for the need for counsellors to be more ethically responsible regarding the principles surrounding client consent and breaching confidentiality (BACP, 2010).

The reported unhelpful client activities found in this study suggest that young people perceive themselves as active participants in their counselling, as opposed to mere recipients of therapy. Young people stated that when they missed sessions or were not opening up or

being honest with the counsellor, they hindered their therapy process. However, not opening up was more prevalent at start therapy, and with each successive session they opened up more. It appears as though once participants felt safe-enough, they opened up more. It can be seen that feelings of safety and trust developed through the counsellor's confidentiality, non-judgemental attitude and empathic understanding. This seems to suggest that the 'core conditions' of PCT (Rogers, 1957) creates a psychological climate that facilitates the young person to be an active ingredient in their change process.

### **5.7 Researcher's reflexivity**

As discussed in Section 3.5, qualitative research acknowledges that the researcher influences and shapes the research process. Therefore, reflexivity is a significant criterion for quality evaluation in qualitative research (Willig, 2008). Through reflexivity, as a researcher I am encouraged to reflect upon the ways in which my prior experiences, subjective thoughts and feelings are experienced throughout the research process, and are implicated in the research and its findings (Willig, 2008). As such, the aim of this section is to offer a reflection on the personal, interpersonal and epistemological factors that may have impacted on the present study.

In terms of personal reflexivity, pre-existing literature in the field of helpful aspect studies with young people have influenced the research and interview questions, and the ways in which I listened to and interpreted the data. For example, I would have learnt that young people appreciated having the opportunity to talk and be listened to, as this was a frequently mentioned helpful aspect. It could be suggested that this previous knowledge may have influenced my expectations of also identifying this theme. At a deeper personal level, my own experiences of having counselling in Trinidad and Tobago as a young person may have influenced my wish to further understand other young people's experiences of counselling.

My own thoughts, feelings and experiences of what I would have considered as helpful in counselling, as a young person, may have also impacted the findings in this study.

Moreover, it could be suggested that my anxiety of being a novice qualitative researcher also impacted the way in which I approached this study, particularly the analysis of data. Further, although this study analysed data at the semantic level and aimed to stay close as possible to the participants' words, it could be argued that the creation of themes involved interpretation and analysis at the latent level. For instance, the theme 'ways of relating' was not words used by participants. With further qualitative research experience, I will be able to analyse data at a more confident level.

The development of the interview schedule used for this study may have also been influenced by the pre-existing literature on helpful aspect studies. In turn, this may have influenced my formulation of the questions in the interview schedule (see Appendix K). Although the questions asking participants what was helpful or unhelpful in counselling for bullying, may have been useful for addressing the first two research questions of this study, on reflection, questions relating to change processes may have been too general. It could be argued that the questions on change processes did not enable more detailed accounts on *how* change occurred. To optimally address this, it may be useful to ask participants more probing questions to explore further, *how* change occurred for them, having received counselling for bullying. Probing questions such as the downward spiral technique of CBT could have possibly revealed more refined underlying processes that led to change. Overall, this may have achieved further insights of how helpful aspects were experienced and led to change.

In terms of epistemological reflexivity, I believe that my research aim, interview questions and subsequent analysis were influenced by the realist epistemological stance. For instance, by using the term 'school-related bullying' in my research aim and interview

schedule, I am assuming that such a phenomena exists, while accepting that the way in which participants perceive and experience their counselling in relation to this phenomena may depend on their degree of involvement, expectations and readiness to change in therapy (Hayes, 2017). I accept the view that different clients may find very different things helpful in counselling, at different points in time, which reflects a pluralistic perspective of understanding therapy (Cooper & McLeod, 2011). Consequently, the accounts given by participants and the overall findings of this study are understood as tentative initial indications of what contributes to change, and I accept that alternative interpretations of the data is equally valid, but does not necessarily invalidate the findings of this study.

Overall, this research has influenced my way of thinking and practicing as a counselling psychologist in training, by reminding me that different clients with different presenting problems may find very different things helpful, while leading to similar change outcomes in different ways or different outcomes in similar ways. This research has also strengthened my interest in helpful aspect studies, with different client groups who have other presenting problems.

## **5.8 Strengths and limitations of the research**

Similar to previous helpful aspect studies, participants' descriptions of what was helpful were dependent on the therapeutic methods, techniques and practices that counsellors used. In previous studies, the primary intervention was school-based humanistic counselling (Cooper, 2004; Lynass et al., 2012; McArthur et al., 2015), thus, young people were primed to report positive experiences in line with the humanistic model. However, in this study participants experienced different therapeutic modalities, techniques and practices, and common factors were identified from them. Hence, a major strength of this study is that the common factors that emerged were from different therapeutic modalities. This suggests that

despite the differences in theoretical approaches to counselling, there are important common aspects that young people value in counselling to help with school-related bullying.

This study also adds to the limited research literature on community-based counselling services for young people, as 50% of the participants were from community-based counselling services. This seems to suggest that whether counselling occurs in a school or a community setting, there are some common techniques, practices and aspects of therapeutic modalities that young people who have been bullied find helpful in counselling. Consequently, this study may provide novel insights and enhanced understandings for counselling services devoted to working with young people who have been bullied. This current study could not offer causal links for therapeutic change outcomes, as there were no statistical analyses to support causation; however, it offers tentative initial indications of pathways of change for a particular client group, with the possibility that many other pathways of change can be developed (Cooper & McLeod, 2015).

One of the limitations of the study is that it presents only the service users' perspectives of the impact of counselling. For example, where young people reported more sociability, increased concentration, better school attendance, improved grades, no alternative data such as teachers' reports or peer nominations have been collected to validate what participants said. There is also low testimonial validity (Stiles, 1993), due to time constraints, hence, there was no opportunity to check participants' reactions to the analysis. In addition, there is the likelihood that participants may have heightened the benefits of counselling and that the actual effects may be less than was found, given that participants who volunteered to take part are likely inclined to report positive things (Cooper & McLeod, 2015). Admittedly, the small sample size limits the generalizability of the results to a wider population. Furthermore, the study is limited to only young people who had parental consent, in accordance with the guidelines from the British Psychological Society' (BPS) Code of

Human Research Ethics (2011). Thus, findings do not include young people who wanted to be interviewed, but could not as there was no parental consent.

Given that this study is retroactive it may be limited, as it is dependent on participants' capacities for recall, and to also know what is actually helpful for them. For instance, although all participants had received counselling for school-related bullying, participants had to be reminded to reflect only on the counselling sessions that specifically focused on bullying, as opposed to other issues that presented in therapy. Lastly, it could be argued that the study is limited as it only utilized one method, thematic analysis, to explore young peoples' experiences of counselling for bullying. Other research methods, such as grounded theory could have equally been used, or conversely a narrative analysis approach may uncover young peoples' narratives of what was helpful. Elliott (2012) argues that narrative, conversation and discourse analysis approaches to change process research have been far under-utilized. Even so, a pluralistic perspective contends that there is no single way of carrying out research, with different methods having their part to play in deepening our understanding and knowledge (Cooper & McLeod, 2015).

## **5.9 Implications for counselling psychology**

The findings from this study have a number of implications for the Counselling Psychology profession. These implications are discussed in the following two sub-sections; future research and clinical practice.

### **5.9.1 *Future research.***

Given the limitations, this study produces avenues for further research. The credibility of these results could be further tested by conducting the investigation within a

framework of a randomized controlled trial (RCT). Seeing that, RCTs are considered the ‘gold standard’ for evidence on effectiveness, by incorporating both qualitative interview data and quantitative data from young people, practiced-based evidence can be gathered (NICE, 2009). Although this may take away from young people’s subjective experiences, an RCT might help to establish more direct causal links in pathways of change, by comparing results in treatment and control groups. Also, because RCTs are considered the goal standard of investigation, this might help school-and-community-based counselling services attract funding as direct causal links can be proved for change outcomes.

Future helpful aspect studies, can also use the Helpful Aspects of Therapy (HAT) form (Llewelyn, Elliott, Shapiro, Firth, & Hardy, 1988), adapted for young people, to help enhance participants’ capacities for recall. The HAT form is a qualitative post-session self-report questionnaire that uses open-ended questions to help clients write down their experiences of helpful and hindering therapy events (Elliott, 2012). The HAT form can be completed by clients either immediately following therapy sessions or within a day of the session, for clients to recall their processes clearly.

Preliminary process models were created to demonstrate how counselling was helpful for young people as a result of school-related bullying. However, there is a need for further research on how school-and-community-based counselling may be helping young people with other kinds of presenting problems, such as family issues, anger or bereavement. Additionally, due to the 50% prevalence rate of school-related bullying in primary school (Wolke et al., 2001), it would be valuable to explore whether children in primary schools benefit from similar or different factors and change processes.

Furthermore, there is some evidence to support the use of methods other than talking in counselling with young people, including drawing, art, card games and flip charts.



Admittedly, what is less clear is at what stage of the therapy relationship counsellors incorporate such mediums into the therapy. Practitioners are left wondering when to intervene or when to give space to talk (Hayes, 2017). Although the study suggests that counsellors and clients should ‘work together’ to discuss this, this calls for further research on the themes ‘incorporation of creative media’ and ‘working together’, as these themes are limited in the counselling and psychotherapy literature for young people.

### 5.9.2 *Clinical practice.*

The current study seems highly relevant to the counselling psychology practice, particularly for those working with young people who have been bullied. This study highlights that different clients found different therapeutic methods, techniques and practices in counselling helpful for bullying. This reminds both qualified and trainee counselling psychologists that in practice, clients may want and need different things in counselling. Hence, their wants and needs should be given precedence over any generalized theories of change, that we, as counselling psychologists may hold (Cooper & McLeod, 2011b). To do this, it is recommended that practitioners ought to work together with young people, as a *team* or *joint-effort*, to help them identify what they want and need in counselling, to cope with school-related bullying. This seems to coincide with the task of collaboration of the pluralistic approach in counselling (Cooper & McLeod, 2011b).

The findings suggest at least two routes to therapeutic change outcomes. Both involve working together or collaborating with the young person in the therapy relationship, but have different starting points. Considering the first route, we learn that due to bullying, young people have elevated levels of fear, worry and anxiety. They generally feel unsafe. This points towards the importance of the counsellor’s interpersonal skills such as understanding, listening, acknowledging/prizing and expressing empathy to create a warm,

safe and caring, therapy relationship. In addition, adhering to Ethical Framework for Good Practice in Counselling and Psychotherapy (BACP, 2010); confidentiality was found to be a contributing factor to create safety in the therapy relationship. Such factors helped young people to feel safe-enough, to actively participate in their counselling, by trusting, talking and being open and honest to bring about therapeutic change.

The second route focuses on how counsellors can actually help young people cope with bullying in the here and now. This involved the counsellor's direct influencing skills including strategies, advice and creative media. These techniques were from different therapeutic modalities, which suggest that there are key moments in counselling, when this particular client group appreciates the counsellor's directiveness. This finding seems to contradict Boulton et al.'s (2007) study, who found that counsellor directiveness was unhelpful in a peer counselling service for bullying. However, in this study such techniques were only useful when done in collaboration with clients, as opposed to 'taking over' the sessions (Boulton et al., 2007). This reminds counselling psychologists in practice, that their engagement with clients should be collaborative when working with more directive techniques. These results are akin to Karver et al.'s (2006) review, where the counsellor's 'interpersonal skills' and 'direct influencing skills' have both been associated with good therapeutic outcomes for young people.

This leaves counselling psychologists wondering whether they should be directive or non-directive with young people, after experiencing school-related bullying. However, Hayes (2017) suggest that perhaps the question is wrong-headed, and that, counsellor's flexibility, rather than directive vs non-directive, is a more important counsellor quality. Zack, Castonguay and Boswell (2007) reported that rigid adherence to CBT treatment protocols led to weaker therapeutic alliances with children who had anxiety disorders. Hudson et al. (2014) found that therapist flexibility was linked with children being more

involved in their CBT, for anxiety disorders. The findings from this study, together with Hudson et al.'s (2014), suggests that counsellors who engage more flexibly, and are open to a pluralistic perspective of therapy, can use varying therapeutic modalities, techniques and practice, to engage with young people to bring about more positive outcomes.

### **5.10 Conclusion**

As noted in the introduction, school-related bullying is a worldwide social problem (Craig et al., 2009; Currie et al., 2012), seemingly associated with different dimensions of psychological distress and psychosocial problems (Thornberg et al., 2013). In response to this, young people access school-and-community-based counselling services as a means of support. Hence, this study fills a gap in the existing literature, as there are no other helpful aspect studies that explore this particular client group's experiences of counselling. This study presented a qualitative understanding of how young people experienced counselling as helpful or hindering, after experiencing school-related bullying. In doing so, further findings found change processes that led to positive outcomes. Within the limitations outlined earlier, the aims have been achieved and the research questions answered, through five help counsellor activities, six helpful client activities and four change processes.

Young people who were bullied identified a range of helpful processes, which did not fit into any single model of therapeutic change. This may suggest that this particular client group can benefit from a range of different techniques and practices, from different therapeutic modalities. Participants wanted to feel safe-enough to disclose bullying, and also wanted ways to cope with perpetuating bullying. To do this, they found it helpful to trust, and talk openly and honestly about bullying through the therapy relationship. Counsellors were described as being helpful in supporting this process, through a relational style marked with confidentiality, and also using specific strategies, creative media and advice. This led to

positive outcomes at the emotional, interpersonal and behavioural levels. These outcomes were achieved through four identified change processes: feeling safe, growing in confidence, working together and clearing minds.

This qualitative study using thematic analysis appears to provide a valuable contribution to the wider field of research on client's experiences of counselling. More specifically, the findings that emerged from this study show that different clients can find very different techniques and practices, from different therapeutic modalities helpful. Further, the change processes provide tentative initial indications for positive outcomes, with the possibility that there are many other processes yet to be discovered. The results from this study provide strong evidence for a pluralistic perspective (Cooper & McLeod, 2007, 2011), which suggest that multiple change processes can take place in therapy, and that clients can be helped by interventions from a wide range of therapeutic modalities.

Furthermore, even though this study may make only a small contribution to the development of knowledge in the field of counselling psychology, it has potential to be combined through qualitative meta-analysis, which makes this client helpfulness interview study valuable (Cooper & McLeod, 2015). In addition, clinical policy documents such as the NICE guidelines are drawing on first-hand personal experiences of care, and what was helpful or unhelpful in therapy (National Collaborating Centre for Mental Health, 2010). Therefore, through this study, counselling psychologists may have the potential to move closer towards making a difference in the way psychological interventions are delivered to young people, with a specific issue, such as school-related bullying, at a national level.

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#### Appendix A: Letter of Ethical Approval



Dear Krystal-Jane,

**Ethics Application**

**Applicant:** Krystal-Jane Verasammy  
**Title:** Helpful and unhelpful aspects of counselling for young people following school-related bullying: A qualitative interview study.  
**Reference:** PSYC 15/ 181  
**Department:** Psychology

Further to the email below, I can confirm that we have now received confirmation of your DBS clearance from HR. Under the procedures agreed by the University Ethics Committee I am pleased to advise you that your Department has confirmed that all conditions for approval of this project have now been met. We do not require anything further in relation to this application.

Please note that on a standalone page or appendix the following phrase should be included in your thesis:

The research for this project was submitted for ethics consideration under the reference PSYC 15/181 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 09.11.15.

Please advise us if there are any changes to the research during the life of the project. Minor changes can be advised using the Minor Amendments Form on the Ethics Website, but substantial changes may require a new application to be submitted.

Many thanks,

Jan

**Jan Harrison**

Ethics Officer

Research Office

University of Roehampton | London | SW15 5PJ

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### Appendix B: Parent/Guardian Consent Form



### PARENT/GUARDIAN CONSENT FORM

**Title of Research Project:** Helpful and unhelpful aspects in counselling for young people: A qualitative interview study.

The purpose of the proposed investigation is to explore the helpful and unhelpful processes in counselling (SBC), as identified by young people. In addition, further insight will be gained by exploring how these young people describe their processes of change. Participants will be asked what they found helpful and unhelpful, and after describing how they have

changed over the course of therapy, they will be asked what these changes might be attributed to.

Participation involves 10-15 young people being interviewed by the lead researcher for a 40-60 minutes interview. This interview will occur on the service's premises under the Safeguarding and Child protection policies of the service. The counsellor will give your child a note concerning the date, time and room in which the interview will occur. In the interview, a short anonymized socio-demographic questionnaire will be given, followed by the interview. The interview will be audio recorded given parental and participant consent. Participant consent for the interviews will only take place with young people who fully understand the information sheet, and have had their questions answered.

**Investigator Contact Details:**

Krystal-Jane Verasammy  
Department of Psychology  
University of Roehampton  
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**Consent Statement:**

I agree for my child to take part in this research, and am aware that he/she is free to withdraw at any point without giving a reason, although if he/she does so I understand that the data might still be used in a collated form. I understand that the information my child provides will be treated in confidence by the investigator and that his/her identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy.

I understand that there may be some instances in which the researcher may be required to break confidentiality, such as, if there are concerns about a serious harm to the young person or others.

I also understand that the data, in an anonymized form, will be used for the purpose of this study and should the anonymized data be used in other studies, this will be under the Chief Investigator's discretion.

Name of Parent .....

Name of Child.....

Signature .....

Signature: .....

Date .....

Date: .....

There is no compulsion or pressure to take part in the project, and should the young person decline to participate or subsequently withdraw, their treatment will not be adversely affected.

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:**

Professor Mick Cooper  
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Appendix C: Information Sheet for Parent/Guardian



Information Sheet for Parents/Caregivers

The University of Roehampton in the UK is carrying out a research study to find out whether counselling is helpful or unhelpful for young people and how processes of change occur for such students.

**What is school-based counselling?**

School-based counselling (SBC) is a professional activity delivered by qualified practitioners in schools. School counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties within a relationship of agreed confidentiality.

### **Aim of the study**

As you may be aware, your child has been receiving SBC, as such this study aims to explore how SBC has been helpful and unhelpful for him/her, and how he/she describes his/her processes of change. The participant will be asked what they found helpful and unhelpful, and after describing how they have changed over the course of therapy, they will be asked what these changes might be attributed to.

### **Process of the study**

A member of the pastoral care staff has identified your child as a possible participant for this research study, from the SBC service. As such, you have been selected to receive this information sheet. If you agree or consent for your child to partake in this study, your child will then be asked to have an interview with the lead researcher, Krystal-Jane Verasammy. The interview process will include a completion of a short, anonymized socio-demographic questionnaire, followed by an interview. This interview will take place within the school's premises in accordance to the Safeguarding and Child protection policies of the school. The interview will last approximately 40-45 minutes and will be audio-recorded. No one, other than the researcher, will have access to this data, and they will be treated safely and confidentially. Additionally, there is no compulsion or pressure to take part in the project, and should your child decline to participate or subsequently withdraw, their treatment will not be adversely affected.

### **Benefits and disadvantages**

The benefit of your child taking part in this research is that you help to contribute towards improving the development and delivery of SBC for children and young people, to meet their needs. Also, by taking part, your child will have the opportunity to reflect on his/her experiences in counselling. There is no payment involved in participation, and your child is free to withdraw at any time, without any consequences to his/her counselling sessions.

The disadvantages of participation, is that your child may have a small likelihood of experiencing negative feelings, should they find their SBC experience particularly distressing. If this occurs, you can contact the lead investigator of the study, Krystal-Jane Verasammy, who will assist you in identifying the most appropriate source of support.

### **Data storage, anonymity and confidentiality**

Data from this research study will be stored in an anonymized format for an indefinite period of time. Your child's data will be anonymized by allocating a numerical code to their audio-recorded interview and the socio-demographic questionnaire. Your child will be given this numerical code, should you wish for your child to withdraw from the study. Anonymised data and audio recordings will be stored safely and confidentially at the University of Roehampton.

However, the exception to this is that the lead investigator has legal obligation to break confidentiality should your child disclose the likelihood of harm to self and/or others, during the interview. In such instances, the lead investigator will follow appropriate risk assessment procedures and contact the school's Safe Guarding and Child Protection Officers.

The data, in an anonymized form, will be used for the purpose of this study. Should the anonymized data be used in other studies, this will be under the Chief Investigator's discretion.

The research for this project was submitted for ethics consideration under the reference PSYC 15/ 181 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 09.11.15.

If you have any questions regarding this study, please contact the principal investigator:

Krystal-Jane Verasammy  
Department of Psychology  
University of Roehampton  
Whitelands College, Holybourne Avenue  
London, SW15 4JD  
[verasamk@roehampton.ac.uk](mailto:verasamk@roehampton.ac.uk)  
+44 (0)7742293627

Questions about the research can also be directed to the lead investigator's research supervisor:

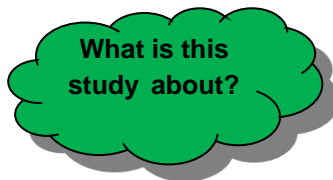
Professor Mick Cooper  
Department of Psychology  
University of Roehampton  
Whitelands College, Holybourne Avenue  
London, SW15 4JD  
[mick.cooper@roehampton.ac.uk](mailto:mick.cooper@roehampton.ac.uk)  
+44 (0)20 392 3741

If you would like to contact an independent person, to discuss any aspect of this study, please contact:

Dr. Diane Bray  
Head of Department  
Department of Psychology  
University of Roehampton  
Whitelands College, Holybourne Avenue  
London, SW15 4JD  
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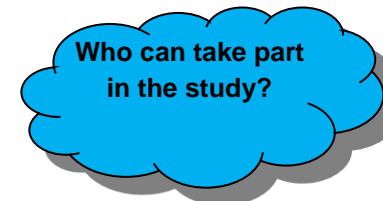


Appendix D: Information Sheet for Young Person




- ✚ The University of Roehampton is carrying out a research study at your school to find out how counselling is helpful or not helpful to young people, who have been bullied at school, and look at how processes of change occur for them, if any, after having counselling.
- ✚ This study is being done to help improve and develop the counselling, particularly for children and young people who have been bullied at school.
- ✚ If you decide to take part in this study, you will be asked to sign a consent form after having all your questions answered.

- ✚ By taking part in this study, you get a chance to help improve the counselling for other young people who have had been bullied at school. Also, you get a chance to think about the counselling you have had received, or is currently receiving. As well as, you get a chance to learn more about yourself.



To take part in this study, you need to:

- ✚ Be aged 11 to 17
- ✚ Have had 6 or more sessions of school counselling.
- ✚ Went for counselling because you were being bullied at school.
- ✚ Be considered capable of deciding for yourself that you can take part in the study.
- ✚ Not be at significant risk of hurting yourself or others.
- ✚ Not be involved with other mental health services for young people.
- ✚ Have your parents/guardians' permission for you to take part.



**What will I have to do?**

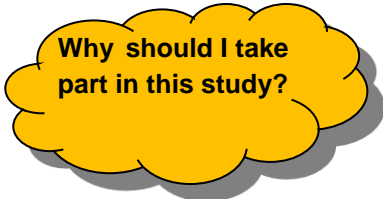
- ✚ If you meet the requirements, have parental consent and give your consent, the only thing you have to do, is to meet with the researcher. The researcher is a person who is trained in asking young people questions about their school counselling experiences. This interview will take about 40-60 minutes, followed by a socio-demographic form that asks about your age, class, and ethnicity.
- ✚ You will be asked to fill in a consent form, where you will confirm that you want to take part knowing that you can stop at any time.
- ✚ We will also ask you to audio record the interview session. It is entirely up to you to agree with it. If you are ok with it you are assured that only researchers will have access to these recordings, and you can ask that the recording equipment is turned off at any time. Audio files of your sessions will be kept securely on a computer for five years and then destroyed. If you decide you do

not want to have your interview recorded just say it to the researcher and that would be okay.



**What if I want to stop?**

- ✚ You can stop at any time, whether you are at the very beginning of the interview, or in the middle of the interview. It is absolutely fine to stop, you don't have to say why, and no one will mind. Just say that you want to stop and the researcher will do so.
- ✚ Also, if you do decide to stop, this will not affect your current school counselling, if you are still receiving counselling. Again this is absolutely fine; you just need to ask the researcher to stop the interview and no one will mind.



**Why should I take part in this study?**

## Helpful and unhelpful aspects in counselling

- ✚ This study provides an opportunity for you to contribute to the development of our understanding of counselling, and may also help you to learn more about yourself, and reflect on how counselling has helped. The majority of young people find that counselling is helpful to them.

- ✚ Your opinion and ideas about using the counselling service for your bullying experiences will be greatly appreciated by the research team. You will be asked by the researcher to give your views, and you can respond only if you want to in the interview.

**Why should I not want to take part in the study?**

- ✚ In a small number of instances, young people may feel some negative feelings such as worry, upset, frustration and annoyance, particularly if the young person found that the counselling was not useful or helpful with being bullied at school.
- ✚ The researchers' questions touch on what is helpful and not helpful in counselling, and there is a small chance that this might leave you feeling upset or worried, especially if you are still having

counselling. However, everything you say will stay with the researcher and your counsellor will not know what is being said.

**What should I do if I feel upset or worried after the interview with the researcher?**

- ✚ Should you feel upset or worried after the interview, you can let the researcher know and she will direct you to your pastoral care staff. If even after the interview you still feel this way you can discuss this with your school counsellor, who is trained in counselling skills, or if you would like to talk more about this to someone, you can go and see your pastoral care teacher as soon as you can.

**Who can I talk to about the research?**

- ✚ If you have any questions at all about this research, please ask the researcher, Krystal-Jane at the University of Roehampton ([verasamk@roehampton.ac.uk](mailto:verasamk@roehampton.ac.uk)) or at 07742293627.

Questions about the research can also be directed to the lead investigator's research supervisor or the head of the department.

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Appendix E: Informed Consent for Participant



**PARTICIPANT CONSENT FORM**

**Title of Research Project:** Helpful and unhelpful processes in counselling for victims of school-related bullying: A qualitative interview study.

The purpose of this study is to explore the helpful and unhelpful processes in counselling. In addition, participants will be asked about their processes of change from receiving counselling for their bullying experiences. You will be asked what you have found helpful and unhelpful, and after describing how you have changed over the course of therapy, you will be asked what these changes might be attributed to.

Participation involves 10-15 young people being interviewed by the lead researcher for a 40-45 minute interview. This interview will occur on the service's premises under the service's Safeguarding and Child protection policies. The admin staff will give you a note concerning the date, time and room in which the interview will occur. In the interview, a short anonymized socio-demographic questionnaire will be given, followed by the interview. The interview will be audio recorded once you have parental consent. Only after you fully understand the scope of the study, and have had your questions answered by the researcher, you will then be asked to sign this consent form.

**Investigator Contact Details:**

Krystal-Jane Verasammy  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Avenue,  
London, SW15 4JD  
[verasamk@roehampton.ac.uk](mailto:verasamk@roehampton.ac.uk)  
+44 (0) 7742293627

**Consent Statement:**

I agree to take part in this research, and I am aware that I am free to withdraw at any point without giving a reason, although if I do so I understand that the data might still be used in a collated form. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy.

I understand that there may be some instances in which the researcher may be required to break confidentiality, such as, if there are concerns about a serious harm to myself or others.

I also understand that the data, in an anonymized form, will be used for the purpose of this study and should the anonymized data be used in other studies, this will be under the Chief Investigator's discretion.

Name .....

Signature .....

Date .....

There is no compulsion or pressure to take part in the project, and should you decline to participate or subsequently withdraw, your treatment will not be adversely affected

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:**

Professor Mick Cooper  
University of Roehampton  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD  
[mick.cooper@roehampton.ac.uk](mailto:mick.cooper@roehampton.ac.uk)  
020 392 3741

**Head of Department Contact Details:**

Dr Diane Bray  
University of Roehampton  
Whitelands College  
Holybourne Avenue  
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020 392 3627

Appendix F: Debriefing Form for Parents/Guardians



**Debriefing Form for Parents/Guardians**

Thank you for your child's participation in our study! His/her participation is greatly appreciated.

Purpose of the Study:

We previously informed you that the purpose of the study was to explore the helpful and unhelpful processes in counselling, for young people. The goal of our research is to have a better understanding of what is needed for young people in counselling. This information will help to develop the service of counselling for other young people.

Support Services:

We understand that some of the questions asked may have provoked strong emotional reactions for your child. As researchers, we do not provide counselling, and we will not be following up with your child after the study. However, if your child is experiencing any negative emotions we can refer the young person to the pastoral care staff, who will be able to identify the most appropriate means of support.

Withdrawal:

You may decide that you do not want your child's data used in this research. If you would like his/her data removed from the study please inform the lead researcher, Krystal-Jane Verasammy, by the date of 30<sup>th</sup> May, 2016. However, though withdrawal can be at any time, the data may still be used in a collated form; hence it would not be possible to remove data from a written up-report. Please see below for the lead researcher's contact details.

Final Report:

If you would like to receive a copy of the final report of this study (or a summary of the findings) when it is completed, please feel free to contact us.

Useful Contact Information:

If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact the researcher:

Krystal-Jane Verasammy  
Department of Psychology  
University of Roehampton

Whitelands College  
Holybourne Avenue  
London, SW15 4DH  
[verasamk@roehampton.ac.uk](mailto:verasamk@roehampton.ac.uk)  
07742293627

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the researcher's Director of Studies. However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:**

Professor Mick Cooper  
University of Roehampton  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD  
[mick.cooper@roehampton.ac.uk](mailto:mick.cooper@roehampton.ac.uk)  
020 392 3741

**Head of Department Contact Details:**

Dr Diane Bray  
University of Roehampton  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD  
[d.bray@roehampton.ac.uk](mailto:d.bray@roehampton.ac.uk)  
020 392 3627

\*\*\*Please keep a copy of this form for your future reference. Once again, thank you for your participation in this study!\*\*\*



Appendix G: Debriefing Form for Participant



## **Debriefing Form for Participation in the Research Study**

Thank you for your participation in our study! Your participation is greatly appreciated.

### Purpose of the Study:

We previously informed you that the purpose of the study was to explore the helpful and unhelpful processes in counselling, for young people like yourself who have experienced school-related bullying. The goal of our research is to have a better understanding of what is needed for young people in counselling, particularly for young people who went for counselling because they were bullied at school. This information will help to develop the service of counselling for other young people who were bullied.

### Support Services:

We realize that some of the questions asked may have provoked strong emotional reactions. As researchers, we do not provide counselling and we will not be following up with you after the study. However, what we can do if you are experiencing any unpleasant feelings, is to refer you to a member of the pastoral care staff, who will be able to identify the most appropriate means of support for you.

### Withdrawal:

You may decide that you do not want your data used in this research. If you would like your data removed from the study please inform us by the date of 30<sup>th</sup> May, 2016. However, though withdrawal can be at any time, the data may still be used in a collated form; hence it would not be possible to remove data from a written up-report. Please see below for the lead researcher's contact details.

### Final Report:

If you would like to receive a copy of the final report of this study (or a summary of the findings) when it is completed, please feel free to contact us.

### Useful Contact Information:

If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact the researcher:

Krystal-Jane Verasammy  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Avenue  
London, SW15 4DH  
[verasamk@roehampton.ac.uk](mailto:verasamk@roehampton.ac.uk)  
07742293627

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the researcher's Director of Studies. However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:    Head of Department Contact Details:**

Professor Mick Cooper  
University of Roehampton  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD  
[mick.cooper@roehampton.ac.uk](mailto:mick.cooper@roehampton.ac.uk)  
020 392 3741

Dr Diane Bray  
University of Roehampton  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD  
[d.bray@roehampton.ac.uk](mailto:d.bray@roehampton.ac.uk)  
020 392 3627

**\*\*\*Please keep a copy of this form for your future reference. Once again, thank you for your participation in this study!\*\*\***

Appendix H: Inclusion and Exclusion Criteria for Potential Participants



**Inclusion Criteria and Exclusion Criteria**

At all stages of this study the research team will adhere to the safeguarding and child protection guidelines of the school or service. Researchers will understand local procedures, having been made aware of them by the service.

**Participant inclusion criteria for pilot and main study:**

1. Experienced significant issues with school-related bullying.
2. Young people aged 11-17 years
3. Past or present service-users of volunteer community sector counselling services or school-based counselling services.
4. Have a minimum of four (4) counselling sessions.
5. The young person must have parental consent to participate in the study.
6. The young person demonstrates the competency to consent, as determined by the counselling manager or counsellor.

**Participant exclusion criteria for pilot and main study:**

1. Young people with acute distress and/or learning disabilities, as determined by the counselling manager or school counsellor -- because of their familiarity with the participant.
2. At risk of significant harm to self or other, as indicated by counselling manager or school counsellor.
3. Involved with other child and young people's mental health services, as indicated by the counselling manager or school counsellor, e.g. Child and Adolescent Mental Health Services (CAMHS).

Appendix I: Information Sheet for School-Counsellors



Information Sheet for School-Counsellors

The University of Roehampton is carrying out a research study to enquire how school-based counselling is helpful or unhelpful for young people who have experienced school-related bullying issues. As such, we would appreciate if your school would be willing partake in this research study. This research study is under the direction of supervisor Professor Mick Cooper.

**School-related bullying and school-based counselling**

In the UK, approximately 45% of young people in secondary schools experience school-related bullying. Bullying is reported by approximately 10% of all young people to school-based counsellors in school-based counselling services. This 10% prevalence rate includes both victims and bullies, indicating that less than 10% are victim reports. Such young people may experience many negative emotional states. To address such emotional difficulties among young people, schools have been identified as a 'prime choice' as a mode of intervention. As such, this study is interested in the experiences of those young people who have sought school-based counselling for their school-related bullying experiences.

This research study aims to explore how school-based counselling has been helpful and unhelpful for young people aged 11-17 years. Participants will be asked what they found helpful and unhelpful, and after describing how they have changed over the course of therapy, they will be asked what these changes might be attributed to.

**Process of the study**

The counselling team at your school will play a role in the recruitment of participants. The pastoral care staff will be debriefed on the inclusion and exclusion criteria for participants, by the lead investigator. When the pastoral care team has identified potential participants that have met the outlined inclusion criteria, they would then be asked to meet and discuss with the young person the scope of the study. Should the young person be interested, then information sheets and consent forms will be sent to their parents/guardians. After the consent forms are returned to the pastoral care staff, and ultimately the lead researcher, then the young person will be given a date, time and room location of his/her interview by a pastoral care staff member.

This interview will be led by the lead investigator, Krystal-Jane Verasammy. It will last approximately 40-60 minutes and also consist of a brief, anonymised socio-demographic questionnaire. The interview will take place at the school's premises, at a time and date organised by the pastoral care staff, and will be in accordance to the safeguarding and child protection policies of your school. Ms. Verasammy has also been trained in Safeguarding and Child Protection with Place2Be.

With parental consent, interviews will be audio-recorded. No one, other than the researchers, will have access to this data, and they will be treated safely and confidentially. Additionally, there is no compulsion or pressure to take part in the project, and should the young person decline to participate or subsequently withdraw, their treatment will not be adversely affected.

### Benefits and disadvantages

The benefit of your school participating in this research is that you help to contribute towards improving the development and delivery of school-based counselling for children and young people, to meet their needs. Also, participants will have the opportunity to reflect on their experiences in counselling. There is no payment involved in participation. The disadvantages of participation, is that the young person may have a small likelihood of experiencing negative feelings, should they find their counselling experience particularly distressing. If this occurs, the young person and/or parent/guardian is advised to firstly, contact the pastoral care staff at the school, who will assist in identifying the most appropriate form of support. Should, they need further support in identifying appropriate assistance the lead investigator Krystal-Jane Verasammy may be contacted.

### Data storage, anonymity and confidentiality

Data from this research study will be stored in an anonymized format for an indefinite period of time. The data will be anonymized by allocating a numerical code to the audio-recorded interviews and the socio-demographic questionnaires. Participants will be given this numerical code, should they wish to withdraw from the study. Anonymized data will only be used for the purpose of this study. However, should it be used in other studies, this will be under the Lead Investigator's discretion. Anonymised data and audio recordings will be stored safely and confidentially at the University of Roehampton.

The process of recruitment and the interviews will remain confidential. However, the exception to this is that the lead investigator has legal obligation to break confidentiality should the young person disclose the likelihood of harm to self and/or others, during the interview. In such instances, the lead investigator will follow appropriate risk assessment procedures and contact the school's Safe Guarding and Child Protection Officers. This project has been approved under the procedures of the University of Roehampton's Ethics Committee under the reference Psyc 15/181 on the 19<sup>th</sup> October, 2015.

### Contact Information:

If you have any questions regarding this study, please contact the lead investigator:

Krystal-Jane Verasammy  
Department of Psychology  
University of Roehampton  
Whitelands College, Holybourne Avenue  
London, SW15 4JD  
[verasamk@roehampton.ac.uk](mailto:verasamk@roehampton.ac.uk)  
07742293627

Questions about the research can also be directed to the chief investigator's Director of Studies or an independent contact, the head of the department.

### Director of Studies Contact Details:

Professor Mick Cooper  
University of Roehampton  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD  
[mick.cooper@roehampton.ac.uk](mailto:mick.cooper@roehampton.ac.uk)  
020 392 3741

### Head of Department Contact Details:

Dr Diane Bray  
University of Roehampton  
Whitelands College  
Holybourne Avenue  
London, SW15 4JD  
[d.bray@roehampton.ac.uk](mailto:d.bray@roehampton.ac.uk)  
020 392 3627

**\*\*Please contact the Krystal-Jane via email if your school is interested**

Appendix J: Socio-Demographic Details Form



**Socio- Demographic Details Form**

Numerical Code: .....

1. What age are you?

11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐

2. What school year are you?

7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐

3. What is your gender?

Male ☐ Female ☐

4. How would you describe your ethnic origin?

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐  
Asian other ☐ Caribbean ☐ African ☐ Black other ☐  
Scottish ☐ Irish ☐ British other ☐ White other ☐  
Mixed background ☐ Other ☐

5. Do you consider yourself to be a disabled person? Yes ☐ No ☐

If yes, please give us some details:

6. Number of counselling sessions to date .....

Appendix K: Semi-Structured Interview Schedule



**SEMI-STRUCTURED INTERVIEW SCHEDULE**

**Pilot and main study interview schedule**

**Introduction**

The aim of this semi-structure interview is to develop an in-depth understanding of clients' responses to school-based counselling for young people who have had counselling for their school-related bullying experiences. In particular, we wish to understand more about the *helpful* and *unhelpful processes* of the intervention, as well as the *process of change* from this experience. 'School-based counselling' refers to the whole therapeutic intervention. 'School-related bullying' refers specifically to the presenting issue that the young person has sought counselling for, that is bullying in the school rather than in the home or community.

The interview is semi structured and as such it is important for the interviewer to provide space for the participants to express their views, and reflect on their experiences using their own words. It is also important that the interviewer tries to ensure that responses are attained to the specific research questions being asked and that there is the greatest level of depth possible with the individual respondent.

The questions are there to provide structure and keep focus to the interview, but do not have to be used verbatim. Additional enquiry and open questions -- concerning the areas of inquiry -- can be used by the interviewer to facilitate the reflection on the personal experience of the interviewee.

The interview schedule begins with more open-questions, and progresses towards more focused questions around specific areas. For this reason, clients may have had already provided responses to latter questions. If this is the case, they do not need to be asked again, provided that all aspects of that area have been covered to the greatest depth possible.

**Beginning**

The interview will begin by welcoming the client, introducing self, and the structure and aims of the interview. Questions that participants may have about the interview will be answered. Participants will be reassured of the confidentiality of the interview and be invited to reflect on the whole of their experience of the intervention, helpful as well as unhelpful and disappointing aspects. Before the interview begins the participants will be invited to read over the information sheet and, if they have no further questions, then asked to sign the consent form.

### Interview schedule

#### Experience of school-based counselling for school-related bullying

- Overall, how did you experience school-based counselling for your school bullying?
  - What did you like about it?
  - What did you not like about it?
  - Will you be able to give me some examples?

#### Helpful Processes in school-based counselling for school-related bullying

- Has there been anything that was *helpful* in your school counselling, that helped with being bullied at school?
  - Have there been aspects of the counselling that were positive for you, that helped with being bullied?
  - Can you give me an example of this?
  - Are there general aspects?
  - Were there specific events?
  - How would you rate it on a scale of 1-5, where 1 was very unhelpful, and 5 was very helpful?

#### Unhelpful processes in school-based counselling for school-related bullying

- What kinds of things about the school counselling has been *unhelpful* dealing with being bullied at school?
  - Have there been things about the counselling that has been negative or disappointing for you that did not help with being bullied?
  - Can you give me an example of this?
  - Have there been general aspects?
  - Were there specific events?
  - How would you rate it on a scale of 1-5, where 1 was very unhelpful and 5 was very helpful?
  - In what ways do you think it could be improved?

#### Process of change

- If school-based counselling did help you with being bullied, why do you think that was?
  - What changes do you think happened in you as a result of having school-based counselling for being bullied?
    - What were the things that you did to help you achieve those outcomes?
    - What were the things that the counsellor did to help you achieve those outcomes?
  - Do you think that the school-based counselling for bullying changed how positive or negative you felt towards yourself (i.e., self-compassion)?
    - If so, in what ways?
    - What brought that about?
  - Do you think that the school-based counselling changed how much you understood about yourself (i.e., self-awareness)?
    - If so, in what ways?
    - What brought that about?



- Do you think that with the school-based counselling for bullying you were able to see yourself and your situation from a different perspective (i.e., increased use of perspectives)?
  - If so, in what ways?
  - What brought that about?
- Do you think that the school-based counselling for bullying changed how much you now talk about yourself (i.e., self-disclosure)?
  - If so, in what ways?
  - What brought that about?

### **Experience of research**

- How did you find taking part in this research (being asked for an interview)
  - Was there anything about it that that helped you?
  - Was there anything about it that you did not like or found unhelpful?
  - Are there any ways in which we might improve that?

### **Debriefing**

The young person will be debriefed after the interview (see Appendix 4.3) by the researcher.

### **Other Prompts/Probes**

Could you say a bit more?

Why do you say that?

Is that right?

Are you saying that?

How is it?

Why do you think that was?

When

How

What

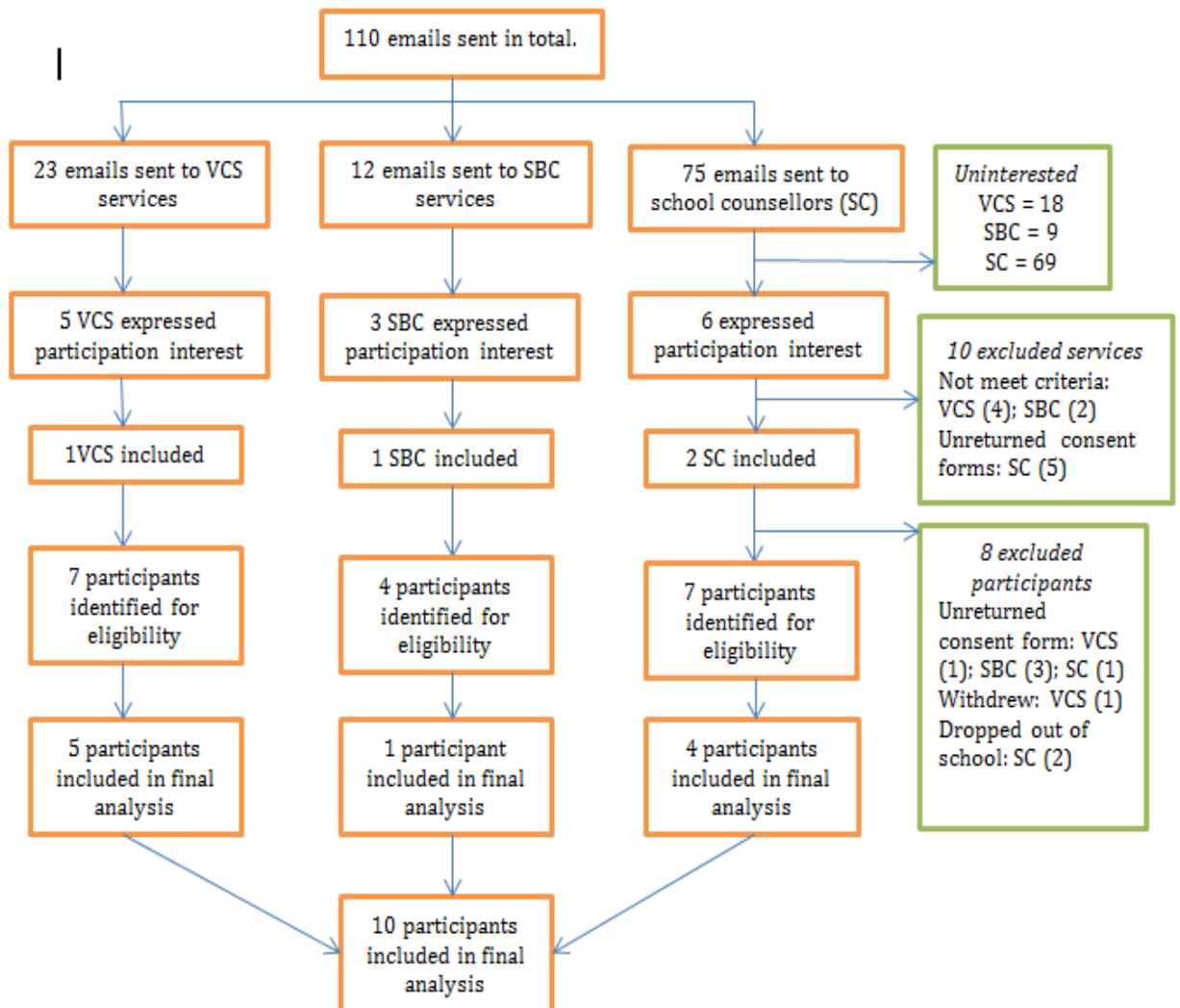
Why

Rephrase

Summarize

Silence

Appendix L: Process of Recruitment Flow Chart



## Appendix M: Sample of Transcript 002

Anonymous ID: 002

Text	Initial Codes	Themes
<p><b>Interviewer1:</b> how did you experience your counselling for school-related bullying? Is there anything that comes to your mind?</p> <p><b>Participant1:</b> uum when I first started getting bullied, and I started here like uh the bullies always used to tell me if I were to tell anyone more things will happen, but since I've been coming here and I've been able to get it off my chest I've kind of felt more safe knowing that someone is actually there to help me {1:29}</p> <p><b>Interviewer2:</b> so you were able to get it off your chest and feel safer [yeah] and know that someone can help [yeah], and what is that like, like knowing that you can come here and finally get it off your chest? Cause it seems as though you were threatened by the bullies [yeah] and what is that feeling like, knowing that you can talk to someone</p> <p><b>Participant2:</b> it was quite a relief, mass relief to know that there is someone there to help you</p> <p><b>Interviewer3:</b> So having someone there to help you is relief and I guess it felt like safe, you felt safer [yeah]. Is there anything else that comes to your mind when you think of your experience on the whole um for counselling {<i>participant shakes head</i>}. Is there anything else in particular that you liked about your counselling?</p> <p><b>Participant3:</b> the counsellor. She was sooo understanding.</p> <p><b>Interviewer4:</b> so she was understanding ...</p> <p><b>Participant4:</b> yeah she didn't judge</p> <p><b>Interviewer5:</b> she was not judging [yeah]. How do you know she was not judging?</p> <p><b>Participant5:</b> by the way her tone of voice was, her body language, the way she was speaking to me ... uh yeah</p> <p><b>Interviewer6:</b> so her tone of voice, body language, and the way she spoke to you [yeah] and that showed you that she was not judging. And, how do you know she was understanding?</p> <p><b>Participant6:</b> by the way she kept reassuring me and making</p>		

<p>sure that I was okay</p> <p><b>Interviewer7:</b> so reassuring you, and being reassured what did that mean for you?</p> <p><b>Participant7:</b> it just meant that I had finally found someone I can feel safe, not have to worry about the bullies knowing that I spoke about what they have done</p> <p><b>Interviewer8:</b> so being safe has been an important part of the counselling, something about the counselling allowed you to feel safe overall [yeah. Is there anything that you did not like about your counselling?</p> <p><b>Participant8:</b> Uh umm, not really. Uh like I have had counselling before Sxxxxxx and that was just terrible, the way that they were just so critical and judgemental about it all and telling me to just ignore them and that [hmm], but since I've been coming here it's just have given me a different light to what counselling is like</p> <p><b>Interviewer9:</b> So you have had counselling from before and they were critical, judgemental, and telling you to ignore it [yeah], but umm if someone tells you to ignore it, what does that mean?</p> <p><b>Participant9:</b> It means that they don't care, that's how I see it, I feel that they don't care</p> <p><b>Interviewer10:</b> So you feel by someone saying to ignore it, it would not help.</p> <p><b>Participant10:</b> Yeah, and the way they just sat there, with their arms folded and it just looked like they weren't really paying any attention to when I am speaking. But then when I am here, I'm just like, well it feels like that they are actually listening to me.</p> <p><b>Interviewer11:</b> So I guess in some way body language really has a lot to do with it, cause you said your counsellor here her body language showed that she cared whereas the other counsellor before, you said her arms were folded. Is there anything else about the other counsellor that you felt she was not caring or judgemental?</p> <p><b>Participant11:</b> She was just so rude</p> <p><b>Interviewer12:</b> In what way was she rude?</p> <p><b>Participant12:</b> She will just like, give blunt replies</p> <p><b>Interviewer13:</b> Hmm, blunt replies, and how did that make you feel?</p>		
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Appendix N: Sample of Initial Codes and Themes in Transcript 005

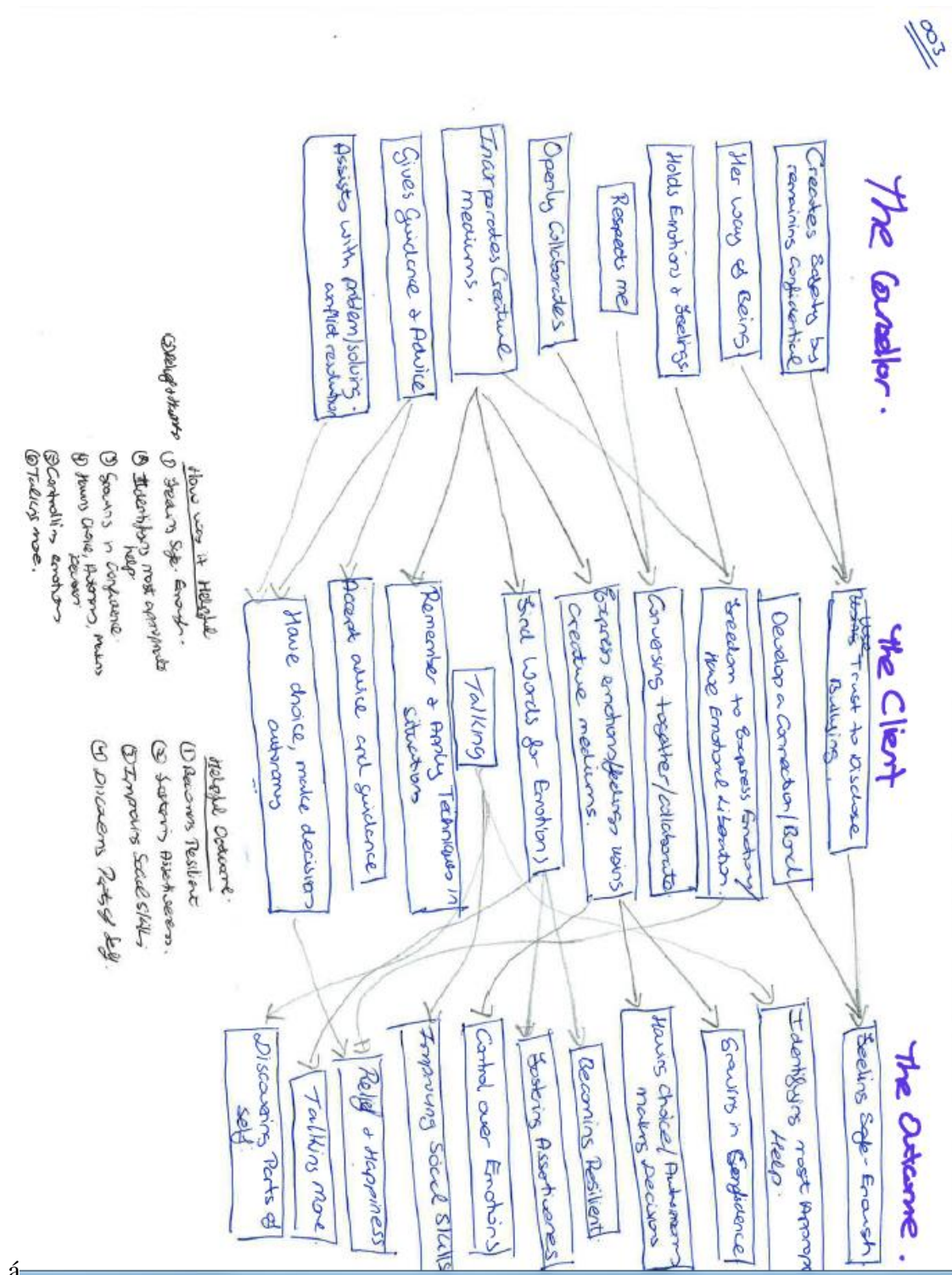
TRANSCRIPT 005		P.5.	
<p><b>Participant8:</b> umm it helped, it wasn't always on my mind, it could be pushed back in my mind but I knew someone knew about it and it will get sorted, so I could put more effort towards something else like tests or my exams or school work before, and then I can come back the next week and we'll discuss things so I can put it at the back of my head. So when it was happening I didn't talk to anyone, so it kept building up in my head, I couldn't forget about it, I couldn't move on and I started to have suicidal thoughts and things.</p>	<p>not on mind</p> <p>someone knew about it &amp; it will get sorted.</p> <p>put it back of mind head.</p>	<p>Client's mind</p> <p>Knows Counselor cares.</p> <p>Client's mind to focus on other things.</p>	<p>Process</p> <p>Client</p>
	<p>therefore by getting it off your chest, by talking, the mere fact of talking about it meant that someone knew about it and therefore can deal with it [yeah], and that allowed you to create mental space in your head to focus on other things like your tests or exams, umm so you can focus on that and rather than it build up in your head, so in a way it was an outlet to release something [yeah]. And again, going back to your overall experience is there anything else that you will like to say about your counselling specifically for bullying?</p>	<p>mental space</p> <p>Client's mind</p> <p>↓</p> <p>focus on other things.</p>	
	<p>it was my safe place.</p> <p>safe here.</p> <p>Relief.</p> <p>talking.</p> <p>physical space</p> <p>safe space</p>	<p>feeling safe.</p> <p>feeling Relief.</p> <p>Talking.</p>	<p>Process</p> <p>Process</p> <p>Client</p>
<p><b>Participant9:</b> it was my safe place, so if I was, where my bullies living and at my school, everywhere I went they were there, no one knew I went here. I mean a couple people know now, but no one really knows I'm here, so this is my safe place. So if I wasn't feeling safe at home, or safe at school because of these bullies I would come here and no one will be able to get me here, I'm safe here. It was a relief to be somewhere, even if I didn't talk, I can have someone with me just to calm myself down [yeah]. Umm it was easier to talk someone that is outside than someone in your family or a friend because they don't really know what's best for you [yeah].</p>			
<p><b>Interviewer10:</b> so just being here itself, made you feel a bit safer [yeah] because you know that the bullies didn't know you were here. Is it at home, the bullies knew where you lived?</p>			

Appendix O: Sample of Initial Codes and Themes in Transcript 008

TRANSCRIPT 008		P7	
<p>it was. If someone was saying something to me, I'll just be like they're being stupid and immature, and I'll just carry on as to what I was doing.</p> <p><b>Interviewer24:</b> so your counsellor told you that people are always going to say things about you, and it's about you being able to <u>control how you feel</u> what they're saying [yeah] and he suggested, so it's like he <u>gave you</u> some advice</p> <p><b>Participant24:</b> yeah it <u>was advice</u></p> <p><b>Interviewer25:</b> and it was advice in terms of telling you to block it out. Is there anything else that Jxxx did that helped specifically in counselling for bullying?</p> <p><b>Participant25:</b> umm uh <u>he sat me in a room with my progress leader and he told him; not like the important stuff like what I was telling him about, it was like the stuff that needed to come to the surface. Um he asked for my permission, I was in the room, while they were talking so that I could clarify or say if had said something wrong but um he told him, like my progress leader, and so that I won't have to speak to him, cause I don't like, uh get along with my progress leader.</u></p> <p><b>Interviewer27:</b> so one of the things that Jxxx did was that he brought your progress leader into a meeting, so your counsellor sat with you in this meeting to explain certain things and you found that helpful [yeah], yeah? and did you feel he broke confidentiality or he kept it in a way that helped you?</p> <p><b>Participant27:</b> he <u>kept it in a way that would help me,</u></p> <p><b>Interviewer28:</b> and how was that helpful?</p> <p><b>Participant28:</b> I <u>didn't get angry</u></p> <p><b>Interviewer29:</b> so you didn't get angry, and I guess in a way probably by speaking to your progress leader, your</p>	<p>ignoring what they say. do what others say. isn't really like advice.</p> <p>got advice</p> <p>telling progress leader.</p> <p>ask for permission</p> <p>telling someone outside the counselling relationship</p> <p>keeps it in a way that was helpful. (boundaries) (safety).</p>	<p>more resistant</p> <p>Says Advice</p> <p>Beyond the counselling relationship</p>	<p>Outcome</p> <p>Counsellor</p> <p>Counsellor</p>



Appendix P: Process Map for Transcript 003



Appendix Q: Process Map for Transcript 004

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